
Andrew M. Cuomo, Governor

Gladys Carrión, Esq., Commissioner

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Child Fatality Data

The New York State Office of Children and Family Services (OCFS), in accordance with Social Services Law (SSL) §20(5), must review a subset of all child fatalities, specifically, child fatalities that are deemed to have occurred within the context of child welfare services. These include:

- Deaths reported to the Statewide Central Register of Child Abuse and Maltreatment (SCR) that allegedly occur as a result of abuse or maltreatment;
- Deaths that occur while the child is in foster care; or,
- Death of a child for whom there is an open child protective or preventive services case.

Child deaths that occur within the context of child welfare services are referred to in this document as “OCFS-reviewed fatalities.”

OCFS-reviewed fatalities receive an in-depth review. As set forth in SSL §20(5), when a child dies under one of the conditions described above, OCFS is responsible for:

- Investigating or providing for the investigation of the cause and circumstance surrounding such a death and reviewing each investigation;
- Preparing and issuing a report on each such death, except when a report is issued by an approved local or regional child fatality review team in accordance with SSL §422-b.

In addition, OCFS is required to prepare and issue an annual cumulative report concerning such deaths.

In NYS, according to the New York State Department of Health (DOH) vital statistics, the annual number of child fatalities, statewide, is on the decline. From 2005 to 2009, fatalities for children birth through 19 years declined by nearly 10%.

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1 Child is in the care and custody or custody and guardianship of an authorized agency.
While the total number of NYS child fatalities has steadily decreased, the number of OCFS-reviewed fatalities has increased steadily since 2005. The chart (on the preceding page) illustrates the trend in occurrence of all NYS child fatalities as well as the increase in OCFS-reviewed fatalities, particularly in 2007. The increase corresponds with statutory changes contained in Chapter 485 of the Laws of 2006 which became effective December 2006, and expanded the types of cases that OCFS must review to include deaths that occur while the child is receiving child protective or preventive services.

Geographic Distribution:

In 2009, OCFS reviewed approximately 12% of DOH reported child deaths; however, as the table (right) shows, there is a wide range from county to county, from a low of 0% to a high of 31.6%.

It is suggested that a larger percent of child fatalities reviewed by OCFS may indicate an increased public awareness of child safety issues and the learning benefits related to an in-depth fatality review. Additional research is required to better understand why reporting is higher in some geographic areas.

Note: The total number of OCFS-reviewed fatalities in 2007-2009 was 791. The “Other” category represents seven fatalities that occurred while the child was residing in a residential care setting. Of those seven, five occurred in the 2008/2009 time period. See page 5 for additional information.

NYC OSI (Administration for Children’s Services Office of Special Investigations) investigates SCR reports that involve foster parents, child care providers and ACS staff. This data is not borough-specific; therefore a separate category is listed.

<table>
<thead>
<tr>
<th>State</th>
<th>OCFS Reviewed Child Fatalities as a Percent of All Child Fatalities Reported by DOH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Combined Yrs: 2007-2009</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
</tr>
<tr>
<td>Chemung</td>
<td>38</td>
</tr>
<tr>
<td>Schuyler</td>
<td>7</td>
</tr>
<tr>
<td>Columbia</td>
<td>21</td>
</tr>
<tr>
<td>Cattaraugus</td>
<td>43</td>
</tr>
<tr>
<td>Steuben</td>
<td>42</td>
</tr>
<tr>
<td>Fulton</td>
<td>19</td>
</tr>
<tr>
<td>Broome</td>
<td>56</td>
</tr>
<tr>
<td>Genesee</td>
<td>25</td>
</tr>
<tr>
<td>Oswego</td>
<td>54</td>
</tr>
<tr>
<td>Sullivan</td>
<td>35</td>
</tr>
<tr>
<td>Tompkins</td>
<td>20</td>
</tr>
<tr>
<td>Chautauqua</td>
<td>56</td>
</tr>
<tr>
<td>Herkimer</td>
<td>26</td>
</tr>
<tr>
<td>Madison</td>
<td>21</td>
</tr>
<tr>
<td>Orleans</td>
<td>22</td>
</tr>
<tr>
<td>Yates</td>
<td>11</td>
</tr>
<tr>
<td>Cayuga</td>
<td>28</td>
</tr>
<tr>
<td>Schenectady</td>
<td>75</td>
</tr>
<tr>
<td>Ontario</td>
<td>40</td>
</tr>
<tr>
<td>Clinton</td>
<td>34</td>
</tr>
<tr>
<td>Delaware</td>
<td>14</td>
</tr>
<tr>
<td>Dutchess</td>
<td>91</td>
</tr>
<tr>
<td>Orange</td>
<td>164</td>
</tr>
<tr>
<td>Washington</td>
<td>22</td>
</tr>
<tr>
<td>Richmond</td>
<td>125</td>
</tr>
<tr>
<td>Niagara</td>
<td>56</td>
</tr>
<tr>
<td>Seneca</td>
<td>8</td>
</tr>
<tr>
<td>Bronx</td>
<td>692</td>
</tr>
<tr>
<td>Monroe</td>
<td>338</td>
</tr>
<tr>
<td>Jefferson</td>
<td>66</td>
</tr>
<tr>
<td>Erie</td>
<td>416</td>
</tr>
<tr>
<td>Albany</td>
<td>125</td>
</tr>
<tr>
<td>Rensselaer</td>
<td>62</td>
</tr>
<tr>
<td>Allegany</td>
<td>18</td>
</tr>
<tr>
<td>Cortland</td>
<td>18</td>
</tr>
<tr>
<td>Suffolk</td>
<td>471</td>
</tr>
<tr>
<td>Onondaga</td>
<td>205</td>
</tr>
<tr>
<td>Westchester</td>
<td>225</td>
</tr>
<tr>
<td>Schoharie</td>
<td>10</td>
</tr>
<tr>
<td>Kings</td>
<td>1,115</td>
</tr>
<tr>
<td>Oneida</td>
<td>79</td>
</tr>
<tr>
<td>Manhattan</td>
<td>400</td>
</tr>
<tr>
<td>Essex</td>
<td>12</td>
</tr>
<tr>
<td>Wyoming</td>
<td>13</td>
</tr>
<tr>
<td>Warren</td>
<td>27</td>
</tr>
<tr>
<td>Ulster</td>
<td>69</td>
</tr>
<tr>
<td>St. Lawrence</td>
<td>42</td>
</tr>
<tr>
<td>Livingston</td>
<td>15</td>
</tr>
<tr>
<td>Putnam</td>
<td>30</td>
</tr>
<tr>
<td>Queens</td>
<td>685</td>
</tr>
<tr>
<td>Chenango</td>
<td>17</td>
</tr>
<tr>
<td>Tioga</td>
<td>17</td>
</tr>
<tr>
<td>Wayne</td>
<td>35</td>
</tr>
<tr>
<td>Nassau</td>
<td>362</td>
</tr>
<tr>
<td>Rockland</td>
<td>99</td>
</tr>
<tr>
<td>Saratoga</td>
<td>57</td>
</tr>
<tr>
<td>Franklin</td>
<td>9</td>
</tr>
<tr>
<td>Greene</td>
<td>7</td>
</tr>
<tr>
<td>Lewis</td>
<td>10</td>
</tr>
<tr>
<td>Montgomery</td>
<td>18</td>
</tr>
<tr>
<td>Otsego</td>
<td>17</td>
</tr>
<tr>
<td>Schuyler</td>
<td>0</td>
</tr>
<tr>
<td>St. Regis</td>
<td>0</td>
</tr>
<tr>
<td>NYC - OSI</td>
<td>-19</td>
</tr>
<tr>
<td>Other</td>
<td>-7</td>
</tr>
<tr>
<td>Statewide</td>
<td>7,106</td>
</tr>
</tbody>
</table>
As noted earlier, the number of OCFS-reviewed child fatalities has risen from 175 fatalities in 2005 to 269 in 2009; this represents a 54% increase statewide. Notably, counties outside of NYC experienced a 78% increase over this same time period, while NYC counties saw a 19% increase.

Note that the NYC/Upstate total for 2008 and 2009 combined is 528 fatalities, while the total number of 2008/2009 OCFS-reviewed fatalities is 533. The difference is due to the five fatalities that occurred while the child was in a residential care setting at the time of the fatality under the following manner of death:

- Accidental: involving a train/pedestrian
- Natural (2 fatalities): due to pre-existing medical conditions
- Undetermined (2 fatalities)

**Service Type:**

A total of 533 OCFS-reviewed child fatalities occurred in 2008 and 2009 (264 and 269, respectively). However, OCFS was notified of child fatalities 642 times during that same time period (327 notifications in 2008 and 315 notifications in 2009). In some instances, multiple notifications occur, specifically in reports to the SCR.

SCR reports represent the largest portion of fatalities that require an OCFS review. In 2008 and 2009 combined, there were a total of 424 SCR reports with DOA/Fatality allegations that represented 416 unique child fatalities.

Fatalities involving open preventive and protective services cases represented a significant increase in
reports. Since the implementation of the statutory changes contained in Chapter 485 of the Laws of 2006, a total of 107 fatalities occurred while the family was in an open protective or preventive services case.

Twenty-seven fatalities occurred while the child was in foster care, and this represents 5% of all OCFS-reviewed fatalities (27/533). The official manner of death\(^2\) can provide reviewers with insight into the fatality. Seventy percent (70%) of the fatalities that occurred while the child was in foster care were related to natural causes and another 26% are either undetermined/unknown or pending. The official manners of death for the 27 fatalities that occurred while the child was in foster care are:

<table>
<thead>
<tr>
<th>Manner of Death</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural</td>
<td>9</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Accident</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Suicide</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Homicide</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Undetermined/Unknown</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pending</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12</strong></td>
<td><strong>15</strong></td>
<td><strong>27</strong></td>
</tr>
</tbody>
</table>

**Age:**

According to DOH, fatalities for children less than one year old represent 56% of all fatalities statewide (children ages 0-19). Similarly, children less than one year old consistently represent about 55% of all OCFS-reviewed fatalities. This age distribution has remained stable through 2008 and 2009.

\(^2\) The official manner of death as stated on the death certificate or the medical examiner/coroner report. The official manner of death may be recorded as: natural, accident, suicide, homicide, undetermined, pending or unknown.
Manner:

OCFS-reviewed fatalities document the manner of death as it is stated on the death certificate or, if unavailable, the manner of death as stated in the medical examiner/coroner’s report.

In 2008 and 2009, the manner of death was pending in only 2% of all OCFS-reviewed fatalities. The data reveals that fatalities determined to be Natural, Accident, and Undetermined/Unknown are fairly evenly distributed, and they represent just over 80% of all OCFS-reviewed fatalities.

Children less than one year old represent the largest age group for all manners of death, except suicide. Note that this population of children has a significantly higher number of undetermined/unknown manners of death. In 2008 and 2009, 127 (43%) of all infant fatalities did not have a determined or known manner of death.

A thorough description of the death scene can provide valuable information to assist with identifying the manner of death. The U.S. Department of Health and Human Services has developed a Sudden, Unexplained Infant Death Investigation guidelines booklet and a Reporting Form. OCFS and DOH are developing a work plan to promote the use of government-recommended infant death scene investigation protocols.
Prior CPS, Preventive, Foster Care or Assistance History of Household Members:

In 82% of all OCFS-reviewed fatalities during the period 2008-2009 (439 out of 533 fatalities), one or more members of the household had some history of receiving services or assistance from a local department of social services (LDSS). In 73% of OCFS-reviewed fatalities, there was a previous CPS report. Another 66% of the households received some other type of services or assistance (e.g.: Preventive Services, Foster Care or Temporary Assistance).

Although data shows that 66% of household members experienced some history of LDSS involvement, the level of involvement varies significantly based on the type of service or assistance received. Household members involved in preventive services or foster care cases are subject to in-home assessments, while the recipients of temporary assistance generally are not. In an effort to reduce risks to children, OCFS has engaged in several initiatives to provide information, training, and guidance to caseworkers and other service providers (described on pages 15-20).

<table>
<thead>
<tr>
<th>Services/Assistance Prior to the Fatality</th>
<th>2008</th>
<th>2009</th>
<th>Percent of all 2008 OCFS-Reviewed Fatalities*</th>
<th>Percent of all 2009 OCFS-Reviewed Fatalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>45</td>
<td>49</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Yes</td>
<td>219</td>
<td>220</td>
<td>83%</td>
<td>82%</td>
</tr>
<tr>
<td>CPS Services ONLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>70</td>
<td>80</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td>Yes</td>
<td>194</td>
<td>189</td>
<td>73%</td>
<td>70%</td>
</tr>
<tr>
<td>Other (non-CPS) Services/Assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>88</td>
<td>84</td>
<td>33%</td>
<td>31%</td>
</tr>
<tr>
<td>Yes</td>
<td>176</td>
<td>185</td>
<td>66%</td>
<td>69%</td>
</tr>
</tbody>
</table>

*The percentages do not total 100% because some households may have previously received both types of services.

Fatalities Reported to the SCR:

A total of 424 reports to the SCR included a DOA/Fatality allegation; however, the SCR may receive multiple reports for the same fatality. In 2008 and 2009 combined, there were a total of 416 SCR reports that involved a unique DOA/Fatality allegation. Within those 416 SCR reports there were 465 DOA/Fatality allegations. In some reports, multiple perpetrators, each with their own DOA/Fatality allegation, may be named.
Of those 465 DOA/Fatality allegations, 42% were substantiated (197/465), meaning that some credible evidence was found to substantiate the DOA/Fatality allegation. The substantiation rate for DOA/Fatality allegations is significantly higher than the rate for all allegations. In 2008 and 2009, approximately 24% of all allegations were substantiated.

In addition to the DOA/Fatality allegations, there were a total of 880 other allegations identified within the 416 SCR Reports. For the years 2008/2009 combined, 496 out of the 880 allegations were substantiated, resulting in a 56% substantiation rate.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DOA / Fatality</td>
<td>222</td>
<td>99</td>
<td>243</td>
<td>98</td>
<td>465</td>
<td>197</td>
</tr>
<tr>
<td>Inadequate Guardianship</td>
<td>213</td>
<td>121</td>
<td>223</td>
<td>117</td>
<td>436</td>
<td>238</td>
</tr>
<tr>
<td>Lack of Supervision</td>
<td>50</td>
<td>22</td>
<td>69</td>
<td>34</td>
<td>119</td>
<td>56</td>
</tr>
<tr>
<td>Lack of Medical Care</td>
<td>36</td>
<td>26</td>
<td>32</td>
<td>18</td>
<td>68</td>
<td>44</td>
</tr>
<tr>
<td>Internal Injuries</td>
<td>29</td>
<td>17</td>
<td>32</td>
<td>17</td>
<td>61</td>
<td>34</td>
</tr>
<tr>
<td>Parents Drug / Alcohol Misuse</td>
<td>18</td>
<td>11</td>
<td>31</td>
<td>20</td>
<td>49</td>
<td>31</td>
</tr>
<tr>
<td>Lacerations / Bruises / Welts</td>
<td>21</td>
<td>15</td>
<td>17</td>
<td>7</td>
<td>38</td>
<td>22</td>
</tr>
<tr>
<td>Fractures</td>
<td>16</td>
<td>12</td>
<td>15</td>
<td>8</td>
<td>31</td>
<td>20</td>
</tr>
<tr>
<td>Inadequate Food / Clothing / Shelter</td>
<td>9</td>
<td>6</td>
<td>12</td>
<td>8</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>Choking / Twisting / Shaking</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Swelling / Dislocations / Sprains</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Child’s Drug / Alcohol Use</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Inappropriate Custodial Conduct (IAB only)</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Burns / Scalding</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Excessive Corporal Punishment</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Other, specify</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Malnutrition / Failure to Thrive</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Educational Neglect</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
National Center for Child Death Review (NCCDR) Case Reporting: An Enhanced Opportunity

As New York State increases efforts toward preventing unexplained and unexpected fatalities, the need to gather data to identify and analyze detailed trends and patterns over time has become increasingly important.

Therefore, in 2010, OCFS formally joined thirty-one other states by participating in the National Center for Child Death Review (NCCDR). The NCCDR is a National Resource Center funded by the Federal Maternal and Child Health Bureau and operated under the Michigan Public Health Institute. The mission of NCCDR is to promote, support and enhance child death review methodology and activities at the state, community and national levels.

Beginning in February 2010, OCFS Regional Offices and approved Child Fatality Review Teams (CFRTs) began utilizing the NCCDR Case Reporting instrument. The NCCDR Case Reporting instrument is a password-protected web-based tool that includes questions related to the child, caregivers, supervisors, circumstances of the event leading to the death and review team findings related to services and prevention. The full NCCDR Case Reporting instrument can be found in Appendix A and is available for viewing at: [http://www.childdeathreview.org/reports/CDRCaseReportForm2-1-11009.pdf](http://www.childdeathreview.org/reports/CDRCaseReportForm2-1-11009.pdf).

All OCFS-reviewed fatalities and other unexplained/unexpected fatalities that are reviewed by OCFS-approved CFRTs are input into the NCCDR Care Reporting instrument. As of late 2010, over 100 fatalities were input into the data collection system.

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1 Additional NCCDR information can be found at: [www.childdeathreview.org/](http://www.childdeathreview.org/)
The data and information collected within the NCCDR system provides NYS with the ability to identify trends that may ultimately lead to targeted prevention efforts.

For example, given that approximately 55% of OCFS-reviewed fatalities involve very young children (less than age one), and many of those fatalities occur while the child is sleeping or in a sleep related environment, focused prevention efforts could impact this issue.

The NCCDR Case Report tool (excerpt below) has the ability to capture many circumstances that relate specifically to fatalities that occur while the child is sleeping or in a sleeping environment.
The Child Fatality Report

When a child dies in circumstances described in SSL §20(5), OCFS is responsible for preparing and issuing an individual child fatality report on specific child deaths, except when a report is issued by an approved CFRT, in accordance with §422-b of the SSL. Pursuant to section 422-b(2) of the SSL, a local or regional CFRT may exercise the same authority as OCFS with regard to the preparation of a fatality report as set forth in §20(5) of the SSL. A fatality report prepared by a local or regional CFRT and approved by OCFS satisfies the obligation to prepare a fatality report as set forth in section 20(5) of the SSL.

Upon notification of a child fatality, per SSL §20(5)(b), OCFS must,

- “…(i) investigate or provide for the investigation of the cause and circumstances surrounding such death,
- (ii) review such investigation, and
- (iii) prepare and issue a report on such death, except where a report is issued by an approved local or regional fatality review team in accordance with section four hundred twenty-two-b of this chapter.”

The purpose of OCFS’s review and monitoring is to address:

- The safety and well-being of children, especially surviving siblings;
- Action to prevent similar fatalities in the future; and
- Appropriate individual and systemic accountability for child welfare actions taken prior to and subsequent to a child fatality.

In most instances, OCFS prepares and issues the required Child Fatality Report. Although Child Fatality Review Teams (CFRTs) issued only eight reports in recent years, CFRTs influence local child fatality work in several ways (See section V: Partnerships for Prevention: Child Fatality Review Teams).

Historically, the individual child fatality report format used by OCFS consisted almost entirely of narrative. This narrative format did not support the ability to aggregate data and identify common variables and risk factors with which to target prevention efforts. With the rising number of fatality reports, OCFS recognized an urgent need to collect child fatality information in a format conducive to ready analysis. Therefore, in 2010, OCFS developed an interim data collection system that would fulfill the individual child fatality and aggregate reporting requirements of SSL §20(5)(b) and complement the data gathered by the NCCDR system. This interim system was implemented while a permanent solution is being developed by OCFS’s Office of Information Technology (IT).
SSL Section 20(5)(a), OCFS shall, “... (iii) prepare and issue a report on such death, except where a report is issued by an approved local or regional fatality review team in accordance with section four hundred twenty-two-b of this chapter.”

SSL Section 20(5)(b), “Such a report shall include

(i) the cause of death, whether from natural or other causes,
(ii) identification of child protective or other services provided or actions taken regarding such child and his or her family,
(iii) any extraordinary or pertinent information concerning the circumstances of the child’s death,
(iv) whether the child or the child’s family had received assistance, care or services from the social services district prior to the child’s death,
(v) any action or further investigation undertaken by the department or by the local social services district since the death of the child, and
(vi) as appropriate, recommendations for local or state administrative or policy changes.”

A key benefit of the interim data collection system is that it seamlessly and consistently produces the Child Fatality Report from the data and information input into the system.

Throughout the development of this interim data collection system, the report format underwent considerable changes to improve the relevancy of each report and achieve the following objectives:

- Improve consistency in Child Fatality Reports across NYS;
- Improve data documentation for better statistical analysis;
- Provide local entities with customized, local data reports;
- Improve timeliness in the issuance of Child Fatality Reports.

On the following page is a snapshot example of a revised Child Fatality Report. A complete template of the new Fatality Report can be found in Appendix B.
Revised Format for Individual Fatality Reports
Partnerships for Prevention:
Child Fatality Review Teams (CFRTs)

New York State Social Services Law allows Child Fatality Review Teams (CFRTs) to be established at a local or regional level with the approval of OCFS.

According to the NCCDR, a “Child Death Review...is a process that works to understand child deaths in order to prevent harm to other children. It is a collaborative process that brings people together at a state or local level, from multiple disciplines, to share and discuss comprehensive information on the circumstances leading to the death of a child and the response to that death. These reviews can lead to action to prevent other deaths locally, at a state level and nationally.”

OCFS continues to develop strategies to strengthen and expand benefits of the multi-disciplinary child fatality review. As of 2007, there were nine CFRTs in New York. In 2008, OCFS awarded funds to two additional CFRTs, and five more CFRTs received funding in 2010.

<table>
<thead>
<tr>
<th>OCFS Funded Child Fatality Review Teams</th>
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<tbody>
<tr>
<td>County Served</td>
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<td>Albany</td>
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<td>Schoharie</td>
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<td>Westchester</td>
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</tbody>
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An OCFS-approved CFRT, authorized in SSL §422-b, may review the death of any child whose care and custody or custody and guardianship has been transferred to an authorized agency, any child for whom child protective services has an open case, any child for whom the local department of social services has an open preventive services case, and any child named in a report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of the child. A fatality review team may also investigate any unexplained or unexpected death of any child under the age of eighteen.

OCFS staff have worked with CFRTs in developing organizational protocols such as mission statements and goals, interagency protocols, confidentiality procedures, and meeting requirements, as required under SSL §422-b.

Data show that counties with approved CFRTs represent a growing percent of OCFS-reviewed fatalities. Statewide from 2005-2009, child fatality reporting to OCFS from non-CFRT counties increased by 41%; however, child fatality reporting to OCFS in CFRT approved counties increased by 100%.

A comprehensive, multidisciplinary review often results in the development of prevention strategies, such as public education and/or systemic improvement.

Throughout 2008-2010, approved CFRTs worked on a variety of prevention activities:

- Columbia County CFRT: In July 2009, the CFRT formed a Prevention Subcommittee and during that year, the CFRT prevention educator conducted twenty-eight presentations on various topics, including mandated reporting, shaken baby syndrome, sudden infant death syndrome and safe sleeping; a total of 380 individuals attended these presentations.
ATV Safety and safety for young drivers materials were developed and distributed to CFRT members to bring back to their respective agencies.

- Chemung County CFRT: At the end of 2008, the CFRT partnered with local pediatricians to participate in a “Babies Sleep Safest Alone” campaign. Components of this campaign included: issuing a press release, obtaining media coverage and distributing posters in the community and through the Child Advocacy Center. In 2010, the CFRT joined an existing local suicide prevention initiative. Chemung County CFRT also issued a press release warning of the risks of heatstroke for children left alone in cars.

- Monroe County CFRT: During its first contract year, 2009-2010, the Bivona CFRT launched a Safe Sleep campaign, which included the formation of a local Safe Sleep Coalition. This initiative began after statistics from the previous three years revealed that many infants in Monroe County were dying in unsafe sleep situations. One first step of the Safe Sleep campaign was to share the data and information with over 100 local professionals so that they could, in turn, join in educating parents. In January 2010, this CFRT organized a Safe Sleep mini-conference, which was attended by child welfare professionals and other service providers within the Monroe County area.

- Nassau County CFRT: In 2009, a Safe Sleep informational brochure was distributed to parents of all newborns in the county. Additional prevention information has been distributed on subjects such as water safety, choking prevention and suicide prevention.

- Oneida/Madison Counties CFRT: In 2009, Safe Sleep was a focus for both the Oneida County and Madison County CFRTs. Oneida County distributed cribs as part of its safe sleep initiative. At the end of 2009, the Oneida CFRT produced a public service announcement, in conjunction with a local television station, on child safety seats. The Madison CFRT produced a public service flier entitled “Children Aren’t Waterproof” on the subject of bath safety.

- Onondaga County CFRT: The CFRT began a Safe Sleep initiative in early 2009, based on the increasing number of unsafe sleep situations in 2008. As a result, during 2009, public information about Safe Sleep was posted on roadway billboards. Information was also distributed to health care providers, day care centers and other agencies where infants and families are served. The CFRT Coordinator provided educational outreach to child welfare and other service agencies in 2010 on the subjects of Car Seat Safety and Water Safety.

- Oswego County CFRT: In 2009, the Oswego County CFRT entered into a contract to provide mock motor vehicle accident simulations in county high schools. The program has been well-received and has resulted in many more students signing up for alcohol-free after-prom parties. Additionally, CFRT members partner with a local police department for an annual bicycle safety “Rodeo” event, which teaches bike safety, does bike inspections and distributes free helmets to children. Throughout 2008-2010, the CFRT also partnered with the local hospital to provide and distribute prevention materials regarding Shaken Baby and Safe Sleep.

- Putnam County CFRT: In 2009, the team entered into a contract with its local Health Department to deliver the “Conscious Fathering” program to new and expectant fathers. This program focuses on overall child safety, with an emphasis on the prevention of physical abuse. Safe Sleep is a component of the program. In 2010, the team distributed
information on two important issues: summer water safety and the potential dangers of using sleep positioners when an infant is sleeping.

- Schoharie County CFRT: In 2009, the team joined with the Schoharie County Suicide Prevention Task Force. During 2010, a summer prevention campaign was implemented, and included such topics as: hyperthermia when children are left alone in cars, pool safety, bicycle safety, and how to avoid heatstroke.

- Rensselaer County CFRT: There is a long history of prevention activities with this team, as it has been in existence for a decade. During 2008-2010, the team distributed safe sleep materials. Mandated reporter training is done by the team coordinator. Resource cards were made for CPS workers and first responders in the field who respond to serious injury/fatality cases. These activities were an effort to improve reporting and overall investigations. The CAC/CFRT is now a “Cribs for Kids” partner.

**Partnerships for Prevention:**
**NYS Office of Children & Family Services & Department of Health**

In 2010, DOH awarded funds to the Research Foundation of SUNY and the School of Social Welfare at Stony Brook University to administer the NYS Center for Sudden Infant Death (NYS Center for SID). A key goal of this initiative is to assist OCFS and DOH in expanding and improving the quality of the child fatality review process. Guidance to this initiative is provided jointly by DOH and OCFS.

OCFS and DOH, along with the NYS Center for SID, are working to complete the following goals:

- Increase the number of approved CFRTs;
- Increase the types of fatalities reviewed by approved CFRTs to include all unexpected/unexplained child fatalities;
- Improve effectiveness of CFRTs through quality improvement process;
- Improve local and statewide knowledge base of risk factors that may contribute to child fatalities; and
- Increase distribution of safe sleep information to a broad audience.
Prevention Education and Awareness: Targeting Prevention Efforts to the Youngest Children

Infants less than one year old remain the most at-risk population, representing slightly more than half (55%) of all OCFS-reviewed fatalities. Using combined data from the OCFS interim database system and NCCDR, NYS has implemented concrete processes to collect detailed information related to the cause and circumstances of each OCFS and CFRT-reviewed fatality. This detailed information will, in turn, inform prevention and risk reduction activities across NYS.

Preliminary data tell us that of the 293 infants in OCFS-reviewed fatalities in 2008 and 2009, 173 of those infants died while the child was sleeping or in a sleeping environment, and over half of those children were in an adult bed and may or may not have been bed-sharing.

Caution should be used in the interpretation of this data. Note that this data does not imply a causal relationship. Although a large majority of infants who die in a sleeping environment are in an adult bed, research indicates that often multiple risk factors are present.

A 2010 OCFS Local Commissioners Memorandum (10-OCFS-LCM-15) titled “Guidance for CPS Investigations of Infant Fatalities and Injuries Involving Unsafe Sleeping Conditions” cites a study published in 2010\(^5\) that examined 251 SIDS cases in New Jersey and found that 244 of those deaths were associated with one or more risk factors, with only 44 having a single risk factor.

\(^5\) Barbara M. Ostfeld, Linda Esposito, Harold Perl and Thomas Hegyi; Concurrent Risks in Sudden Infant Death Syndrome, *Pediatrics* 2010; 125, 447-453.
factor. The study identified the percentage of times that each of the following risk factors were associated with the deaths:

- Not placed on back: 70%
- Smoking by one or both parents: 60%
- Upper respiratory infection: 44%
- Bed-sharing: 39%
- Scene risks (for example, use of soft bedding or presence of other children): 31%
- Under 37 week gestational age: 27%

This retrospective review of 244 New Jersey SIDS cases concluded that the presence of a single risk factor is rare, and most of the fatalities reviewed contained multiple risk factors. Consequently, parent education in New York State should comprehensively address multiple risk factors.

**Public Education and Awareness**

In recent years, OCFS, DOH, CFRTs, and several organizations have engaged in initiatives to prevent future fatalities. A significant number of strategies have focused on reducing the risks associated with sleep-related fatalities. Several examples are listed below:

**New York Loves Safe Babies Campaign**

Led by OCFS, this group includes DOH, NYS Center for SIDS, Office of Temporary and Disability Assistance, Healthy Families New York and several community-based organizations that work with families of young children. This group has engaged in efforts that incorporate the concept of safe sleep environments and cultural competency.

In 2008, the Babies Sleep Safest Alone initiative was launched through the distribution of 200,000 brochures and posters to a broad audience ranging from hospitals to the general public. In 2009 and 2010, over 235,000 additional publications were sent to family-serving programs, individuals, county government, health care providers and other organizations. The publications come in a variety of formats such as brochures, tip sheets and memo boards. All materials are available in both English and Spanish; some are available in other languages as well. Materials may be ordered using the order form found in Appendix C or they may be downloaded and ordered on the OCFS website at: [https://www.ocfs.state.ny.us/main/babiesform.htm](https://www.ocfs.state.ny.us/main/babiesform.htm)

Materials that are available include:

- Helpful Tips to Keep Your Baby Safe (tip sheets)
  - Safe to Sleep
  - Sudden Infant Death Syndrome (SIDS)
  - Traumatic Brain Injury (TBI)
  - Shaken Baby Syndrome (SBS)


- Safe at Play
- In or Around Vehicles

- Keeping Sleeping Babies Safer brochure
- Personalized Safety Tips and Emergency Contact Sheet for Baby Sitters
- “Helpful Strategies for Keeping Infants and Young Children Safe” DVD

**New York State Shaken Baby Prevention Program**

With funding from the William B. Hoyt Memorial Trust Fund, OCFS partnered with DOH to combine two highly successful shaken baby syndrome (SBS) hospital-based education programs in order to expand outreach to all maternity and birthing hospitals in the state. The successful NYS Shaken Baby Prevention Program, initiated by Western New York’s Kaleida Health, expanded in 2008 to bring this hospital-based education program to all maternity and birthing hospitals throughout the state. With close to 250,000 live births each year, approximately 90% of live births are expected to be reached annually through this educational program. A New York Shaken Baby Prevention Program brochure was developed by the Trust Fund programs for dissemination to the hospitals. The original sites - Western New York, Finger Lakes and Hudson Valley regions - are continuing to research and evaluate the incidence of SBS in their areas.

**OCFS: Enhanced Guidance to Caseworkers**

Child welfare workers have significant opportunities to interact with the families they serve. Their duties involve the direct observation of families and their home environments. They are in a unique position to identify families that may be providing unsafe sleep conditions for their children, including infants, to provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and to see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

In November 2010, OCFS issued a Local Commissioner’s Memorandum (LCM) 10-OCFS-LCM-15, “Guidance for CPS Investigations of Infant Fatalities and Injuries Involving Unsafe Sleeping Conditions.” This LCM focused on the actions taken by CPS staff in investigating reports of deaths or serious injuries made to the SCR involving a sleep-related condition.

In March 2010, OCFS produced a teleconference for local district and voluntary agency staff on the importance of safe sleep environments, entitled “Safe Sleeping Practices for Infants and Young Children.” The teleconference also offered strategies for caseworkers to provide information to parents and other caretakers regarding sleep-related risks and the steps that can be taken to lessen or remove those risks.
Child Death Review Case Reporting System

Case Report 2.2
Effective January 2011

Instructions:

This case report is a component of the web-based CDR Case Reporting System. It can be used alone as a paper instrument, but its full potential is reached when the data from this form is entered into the CDR Case Reporting System. This system is available to states from the National Center for Child Death Review and requires a data use agreement for state and local data entry. System functions include data entry, case report editing and printing, data download and standardized reports.

The purpose of this form is to collect comprehensive information from multiple agencies participating in a child death review. The form documents the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the CDR team to prevent other deaths.

While this data collection form is an important part of the child death review process, the form should not be the central focus of the review meeting. Experienced users have found that it works best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step by step manner as part of the team discussion. The form can be partially filled out before a meeting.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin understanding the importance of data collection and bring necessary information to the meeting. They find that the percentage of unknowns and unanswered questions decreases as the team becomes more familiar with the form.

The form contains three types of questions: (1) Those that users should only select one response as represented by a circle; (2) Those in which users can select several responses as represented by a square; and (3) Those in which users enter text. This last type is depicted by 'specify' or 'describe'.

Most questions have a selection for unknown (U/K). A question should be marked 'unknown' if an attempt was made to find the answer, but no clear or satisfactory response was obtained; questions should be left blank (unanswered) if no attempt was made to find the answer. ‘N/A’ stands for 'Not Applicable' and should be used if the question is not applicable. For example, use N/A for 'level of education' if child is an infant.

This edition is Version 2.2, effective January 2011. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Child Death Review.

Phone: 1-800-656-2434  Email: info@childdeathreview.org  Website: www.childdeathreview.org  Data entry website: https://cdrdata.org/

This form was developed by a work group of over 26 persons, representing 18 states and the Maternal and Child Bureau of HRSA/HHS.

Copyright: National Center for Child Death Review Policy and Practice, January 2011
**A. CHILD INFORMATION**

1. Child's name:  
   - First: 
   - Middle: 
   - Last: 
   - U/K

2. Date of birth:  
   - U/K
   - mm/dd/yyyy

3. Date of death:  
   - U/K
   - mm/dd/yyyy

4. Age:  
   - U/K
   - Years
   - Months
   - Days
   - Hours
   - Minutes
   - U/K

5. Race, check all that apply:  
   - White
   - Black
   - Asian, specify: 
   - Native Hawaiian
   - Pacific Islander
   - American Indian, Tribe: 
   - Alaskan Native, Tribe: 
   - U/K

6. Hispanic or Latino origin?  
   - Yes
   - No
   - U/K

7. Sex:  
   - Male
   - Female
   - U/K

8. Residence address:  
   - U/K
   - Street: 
   - Apt.
   - City: 
   - State: 
   - Zip: 
   - County: 
   - U/K

9. Type of residence:  
   - Parental home
   - Relative home
   - Jail/Detention
   - Licensed foster home
   - Shelter
   - Other, specify: 
   - U/K

10. New residence in past 30 days?  
    - No
    - Yes
    - U/K

11. Residence overcrowded?  
    - No
    - Yes
    - U/K

12. Child ever homeless?  
    - No
    - Yes
    - U/K

13. Number of other children living with child:  
    - U/K

14. Child's weight:  
    - U/K
    - pounds
    - ounces
    - U/K

15. Child's height:  
    - feet
    - inches
    - U/K

16. Highest education level:  
   - N/A
   - Drop out
   - None
   - HS graduate
   - Preschool
   - College
   - Grade K-8
   - Other, specify:
   - Grade 9-12
   - U/K
   - Home schooled, K-8
   - Home schooled, 9-12

17. Child's work status:  
   - U/K
   - Employed
   - Full time
   - Part time
   - U/K
   - Not working

18. Did child have problems in school?  
    - No
    - Yes
    - U/K

19. Child's mental health (MH):  
   - Child had received prior MH services?  
     - No
     - Yes
     - U/K
   - Child was receiving MH services?  
     - No
     - Yes
     - U/K
   - Child on medications for MH illness?  
     - No
     - Yes
     - U/K
   - Issues prevented child from receiving MH services?  
     - No
     - Yes
     - U/K
   - Child was receiving MH services?  
     - No
     - Yes
     - U/K

20. Child had disability or chronic illness?  
    - No
    - Yes
    - U/K

   - Child had received prior MH services?  
     - No
     - Yes
     - U/K
   - Child was receiving MH services?  
     - No
     - Yes
     - U/K
   - Child on medications for MH illness?  
     - No
     - Yes
     - U/K
   - Issues prevented child from receiving MH services?  
     - No
     - Yes
     - U/K
   - Child was receiving MH services?  
     - No
     - Yes
     - U/K

22. Child had history of substance abuse?  
    - No
    - Yes
    - U/K

23. Child had history of child maltreatment?  
    - If yes, check all that apply:

24. Was there an open CPS case with child at time of death?  
    - No
    - Yes
    - U/K

25. Was child ever placed outside of the home prior to the death?  
    - No
    - Yes
    - U/K

26. Were any siblings placed outside of the home prior to this child's death?  
    - No
    - Yes
    - U/K

27. Child had history of intimate partner violence?  
    - Check all that apply:

28. Child had delinquent or criminal history?  
    - No
    - Yes
    - U/K

29. Child spent time in juvenile detention?  
    - No
    - Yes
    - U/K

30. Child acutely ill during the two weeks before death?  
    - No
    - Yes
    - U/K

31. Are child's parents first generation immigrants?  
    - No
    - Yes
    - U/K

32. If child over age 12, what was child's gender identity?  
    - Male
    - Female
    - U/K

33. If child over age 12, what was child's sexual orientation?  
    - Heterosexual
    - Gay
    - Lesbian
    - BiSexual
    - Questioning
    - U/K
### Complete for All Infants Under One Year

**34. Gestational age:**
- [ ] No
- [ ] Yes
- [ ] U/K

**35. Birth weight:**
- [ ] No
- [ ] Yes
- [ ] U/K

**36. Multiple birth?**
- [ ] No
- [ ] Yes
- [ ] U/K

**37. Prenatal care provided during pregnancy of deceased infant?**
- [ ] No
- [ ] Yes
- [ ] U/K

**38. During pregnancy, did mother (check all that apply):**
- [ ] Have medical complications/infections?
- [ ] Acute/Chronic Lung Disease
- [ ] Anemia
- [ ] Cardiac Disease
- [ ] Chorioamnionitis
- [ ] Chronic Hypertension
- [ ] Diabetes
- [ ] Eclampsia
- [ ] Genital Herpes
- [ ] Hemoglobinopathies
- [ ] High Maternal Serum Alpha-Fetoprotein (MSAFP)
- [ ] Incompetent Cervix
- [ ] Low MSAFP
- [ ] Other Infectious Disease
- [ ] Pregnancy-Related Hypertension
- [ ] Preterm Labor
- [ ] Renal Disease
- [ ] Rh Sensitization
- [ ] Uterine Bleeding
- [ ] Other, specify:

**39. Were there access or compliance issues related to prenatal care?**
- [ ] No
- [ ] Yes
- [ ] U/K

**B. PRIMARY CAREGIVER(S) INFORMATION**

1. Primary caregiver(s):
   - [ ] Select only one per column.

2. Caregiver(s) age in years:
   - [ ] One
   - [ ] Two
   - [ ] U/K

3. Caregiver(s) sex:
   - [ ] Male
   - [ ] Female
   - [ ] U/K

7. Does caregiver(s) speak English?
   - [ ] Yes
   - [ ] No
   - [ ] U/K

11. Caregiver(s) have history of child maltreatment as victim?
   - [ ] Yes
   - [ ] No
   - [ ] U/K

12. Caregiver(s) have history of child maltreatment as a perpetrator?
   - [ ] Yes
   - [ ] No
   - [ ] U/K
### C. SUPERVISOR INFORMATION

1. Did child have supervision at time of incident leading to death?
   - [ ] No, not needed given developmental age or circumstances, go to Sect. D
   - [ ] No, but needed, answer 3-15
   - [ ] Yes, answer 2-15
   - [ ] Unable to determine, try to answer 3-15

2. How long before incident did supervisor last see child? Select one:
   - [ ] Child in sight of supervisor
   - [ ] Minutes ______
   - [ ] Hours ______
   - [ ] Days ______ [ ] U/K

3. Is person a primary caregiver as listed in previous section?
   - [ ] No
   - [ ] Yes, caregiver one, go to 15
   - [ ] Yes, caregiver two, go to 15

4. Primary person responsible for supervision? Select only one:
   - [ ] Biological parent
   - [ ] Adoptive parent
   - [ ] Stepparent
   - [ ] Foster parent
   - [ ] Mother’s partner
   - [ ] Father’s partner
   - [ ] Grandparent
   - [ ] Sibling
   - [ ] Other relative
   - [ ] Friend
   - [ ] Acquaintance
   - [ ] Hospital staff, go to 15
   - [ ] Institutional staff, go to 15
   - [ ] Babysitter
   - [ ] Licensed child care worker
   - [ ] Other, specify:

5. Supervisor’s age in years:
   - [ ] ______ [ ] U/K

6. Supervisor’s sex:
   - [ ] Male
   - [ ] Female
   - [ ] U/K

7. Does supervisor speak English?
   - [ ] No
   - [ ] Yes
   - [ ] U/K

8. Supervisor on active military duty?
   - [ ] No
   - [ ] Yes
   - [ ] U/K

9. Supervisor has history of abuse history?
   - [ ] No [ ] Yes [ ] U/K
   
   If yes, check all that apply:
   - [ ] Alcohol
   - [ ] Cocaine
   - [ ] Marijuana
   - [ ] Methamphetamine
   - [ ] Opiates
   - [ ] Prescription drugs
   - [ ] Over-the-counter
   - [ ] Other, specify:

10. Supervisor has history of child maltreatment?
    - [ ] No [ ] Yes [ ] U/K
    
    As Victim As Perpetrator
    - [ ] No [ ] Yes
    - [ ] Yes [ ] U/K
    
    If yes, check all that apply:
    - [ ] Physical
    - [ ] Neglect
    - [ ] Sexual
    - [ ] Emotional/psychological
    - [ ] U/K
    
    # CPS referrals
    
    # Substantiations
    
    Ever in foster care/adopted?
    - [ ] No [ ] Yes [ ] U/K
    
    CPS prevention services?
    - [ ] No [ ] Yes [ ] U/K
    
    Family Preservation services?
    - [ ] No [ ] Yes [ ] U/K
    
    Children ever removed?

11. Supervisor has disability or chronic illness?
    - [ ] No [ ] Yes [ ] U/K
    
    If yes, check all that apply:
    - [ ] Physical, specify:
    - [ ] Mental, specify:
    - [ ] Sensory, specify:
    - [ ] U/K
    
    If mental illness, was supervisor receiving MH services?
    - [ ] No [ ] Yes [ ] U/K

12. Supervisor has prior child deaths?
    - [ ] No [ ] Yes [ ] U/K
    
    If yes, check all that apply:
    - [ ] Child abuse # ______
    - [ ] Child neglect # ______
    - [ ] SIDS # ______
    - [ ] Suicide # ______
    - [ ] Accident # ______
    - [ ] Other # ______
    
    Other, specify:

13. Supervisor has history of intimate partner violence?
    - [ ] No [ ] Yes, as victim [ ] Yes, as perpetrator [ ] U/K

14. Supervisor has delinquent or criminal history?
    - [ ] No [ ] Yes, if yes, check all that apply:
    - [ ] Assaulats [ ] U/K
    - [ ] Robbery
    - [ ] Drugs
    - [ ] Other, specify:

15. At time of incident was supervisor impaired?
    - [ ] No [ ] Yes [ ] U/K
    
    If yes, check all that apply:
    - [ ] Drug impaired
    - [ ] Alcohol impaired
    - [ ] Absent
    - [ ] Impaired by illness, specify:
    - [ ] Impaired by disability, specify:

### D. INCIDENT INFORMATION

1. Date of incident event:
   - [ ] Same as date of death
   - [ ] If different than date of death: ______ / ______ (mm/dd/yyyy)
   - [ ] U/K

2. Approximate time of day that incident occurred:
   - [ ] AM
   - [ ] PM
   
   Hour, specify 1-12 ______ [ ] U/K

3. Interval between incident and death:
   - [ ] Minutes ______ [ ] U/K
   - [ ] Hours ______ [ ] Months ______
   - [ ] Days ______ [ ] Years ______
**E. INVESTIGATION INFORMATION**

1. Death referred to:  
   - Medical examiner
   - Coroner
   - Not referred
   - U/K

2. Person declaring official cause and manner of death:  
   - Medical examiner
   - Coroner
   - Hospital physician
   - Other physician
   - Mortician
   - Other, specify:
     - U/K

3. Autopsy performed?  
   - No
   - Yes
   - U/K

4. Agencies that conducted a scene investigation, check all that apply:  
   - Medical examiner
   - Coroner
   - Medical examiner
   - Fire investigator
   - Medical examiner
   - Child Protective Services
   - Other, specify:
     - U/K

5. Toxicology screen?  
   - No
   - Yes
   - U/K

6. X-rays taken?  
   - No
   - Yes
   - U/K

7. Was a CPS record check conducted as a result of death?  
   - No
   - Yes
   - U/K

8. Did investigation find evidence of prior abuse?  
   - Not referred
   - U/K

9. CPS action taken because of death?  
   - N/A
   - No
   - Yes
   - U/K

10. If yes, services or actions resulting, check all that apply:  
    - Voluntary services offered
    - Voluntary services provided
    - Court ordered services provided
    - Voluntary out of home placement
    - Parental rights terminated
    - Investigation ongoing
    - U/K

**F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH**

1. Official manner of death from the death certificate:  
   - Natural
   - Accident
   - Suicide
   - Homicide
   - Undetermined
   - Pending
   - U/K

2. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.  
   - From an injury (external cause), select one:  
     - Motor vehicle and other transport, go to G1
     - Fire, burn, or electrocution, go to G2
     - Drowning, go to G3
     - Asphyxia, go to G4
     - Weapon, including body part, go to G6
     - Animal bite or attack, go to G7
     - Poisoning, overdose or acute intoxication, go to G9
     - Exposure, go to G10
     - Undetermined, go to G11
   - From a medical cause, select one:  
     - Asthma, go to G11
     - Cancer, specify and go to G11
     - Congenital anomaly, specify and go to G11
     - HIV/AIDS, go to G11
     - Malnutrition/dehydration, go to G11
     - Neurological/seizure disorder, go to G11
     - Other infection, specify and go to G11
     - Other medical condition, specify and go to G11
     - Other, specify:
       - U/K
   - Undetermined if injury or medical cause, go to G12
   - If under age one, go to G5 & G12.
### 1. MOTOR VEHICLE AND OTHER TRANSPORT

**a. Vehicles involved in incident:**
- Total number of vehicles: ______
  - Child’s vehicle: 
  - Other primary vehicle: 
    - None
    - Car
    - Van
    - Sport utility vehicle
    - Truck
    - Semi/tractor trailer
    - RV
    - School bus
    - Other bus
    - Motorcycle
    - Tractor
    - Other farm vehicle
    - All terrain vehicle
  - U/K

**b. Position of child:**
- Driver
- Passenger
- Front seat
- Back seat
- Truck bed
- Other, specify:
  - U/K
- On bicycle
- Pedestrian
- Walking
- Boarding/blading
- Other, specify:
  - U/K

**c. Causes of incident, check all that apply:**
- Speeding over limit
- Back over
- Unsafe speed for conditions
- Rollover
- Recklessness
- Poor sight line
- Ran stop sign or red light
- Car changing lanes
- Driver distraction
- Road hazard
- Driver inexperience
- Animal in road
- Mechanical failure
- Cell phone use while driving
- Poor tires
- Racing, not authorized
- Poor weather
- Other driver error, specify:
- Other, specify:
- Drugs or alcohol use
- Other, specify:
- Fatigue/sleeping
- Medical event, specify:
  - U/K

**d. Collision type:**
- Child not in/on a vehicle, but struck by vehicle
- Child in/on a vehicle, struck by other vehicle
- Child in/on a vehicle that struck other vehicle
- Child in/on a vehicle that struck person/object
- Other event, specify:
  - U/K

**e. Driving conditions, check all that apply:**
- Snowmobile
- Normal
- Other, specify:
  - Loose gravel
  - Muddy
  - U/K

**f. Location of incident, check all that apply:**
- City street
- Residential street
- Parking area
- Rural road
- Off road
- Highway
- Railroad crossing/tracks
- Intersection
- Other, specify:
  - Shoulder
  - Sidewalk
  - U/K

**g. Drivers involved in incident, check all that apply:**
- Child as driver
- Child’s driver
- Driver of other primary vehicle

**h. Total number of occupants in vehicles:**
- In child’s vehicle, including child:
  - Total number occupants: ______
  - Number teens, ages 14-21: ______
  - Has no license
  - Has a learner’s permit
  - Has a graduated license
  - Has a full license
  - Has a full license that has been restricted
  - Has a suspended license
  - If recreational vehicle, has driver safety certificate
  - Other, specify:
  - Was violating graduated licensing rules:
  - Nighttime driving curfew
  - Passenger restrictions
  - Driving without required supervision
  - Other violations, specify:
  - U/K

**i. Protective measures for child, select one option per row:**
- Not Needed
- Needed, none present
- Present, used correctly
- Present, used incorrectly
- Present, not used
- Unknown

<table>
<thead>
<tr>
<th>Measure</th>
<th>Needed</th>
<th>Needed, none present</th>
<th>Present, used correctly</th>
<th>Present, used incorrectly</th>
<th>Present, not used</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airbag</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lap belt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder belt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child seat*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belt positioning booster seat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helmet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If child seat, type:
- Rear facing
- Front facing
- U/K
### 2. FIRE, BURN, or ELECTROCUTION

<table>
<thead>
<tr>
<th>a. Ignition, heat or electrocution source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Matches</td>
</tr>
<tr>
<td>☐ Heating stove</td>
</tr>
<tr>
<td>☐ Lightning</td>
</tr>
<tr>
<td>☐ Other explosives</td>
</tr>
<tr>
<td>☐ Cigarette lighter</td>
</tr>
<tr>
<td>☐ Space heater</td>
</tr>
<tr>
<td>☐ Oxygen tank</td>
</tr>
<tr>
<td>☐ Appliance in water</td>
</tr>
<tr>
<td>☐ Utility lighter</td>
</tr>
<tr>
<td>☐ Furnace</td>
</tr>
<tr>
<td>☐ Hot cooking water</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ Cigarette or cigar</td>
</tr>
<tr>
<td>☐ Power line</td>
</tr>
<tr>
<td>☐ Hot bath water</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
<tr>
<td>☐ Candles</td>
</tr>
<tr>
<td>☐ Electrical outlet</td>
</tr>
<tr>
<td>☐ Other hot liquid, specify:</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
<tr>
<td>☐ Cooking stove</td>
</tr>
<tr>
<td>☐ Electrical wiring</td>
</tr>
<tr>
<td>☐ Fireworks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Type of incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fire, go to c</td>
</tr>
<tr>
<td>☐ Scald, go to r</td>
</tr>
<tr>
<td>☐ Other burn, go to t</td>
</tr>
<tr>
<td>☐ Electrocution, go to s</td>
</tr>
<tr>
<td>☐ Other, specify and go to t</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. For fire, child died from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Burns</td>
</tr>
<tr>
<td>☐ Smoke inhalation</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Material first ignited:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Upholstery</td>
</tr>
<tr>
<td>☐ Mattress</td>
</tr>
<tr>
<td>☐ Christmas tree</td>
</tr>
<tr>
<td>☐ Clothing</td>
</tr>
<tr>
<td>☐ Curtain</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Type of building on fire:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Single home</td>
</tr>
<tr>
<td>☐ Duplex</td>
</tr>
<tr>
<td>☐ Apartment</td>
</tr>
<tr>
<td>☐ Trailer/mobile home</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Building’s primary construction material:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Wood</td>
</tr>
<tr>
<td>☐ Steel</td>
</tr>
<tr>
<td>☐ Brick/stone</td>
</tr>
<tr>
<td>☐ Aluminum</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Fire started by a person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Did anyone attempt to put out fire?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Did escape or rescue efforts worsen fire?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Did any factors delay fire department arrival?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k. Were barriers preventing safe exit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. Was building a rental property?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>m. Were building/rental codes violated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>n. Were proper working fire extinguishers present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>o. Was sprinkler system present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>p. Were smoke detectors present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. Suspected arson?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>r. For scald, was hot water heater set too high?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>s. For electrocution, what cause:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Electrical storm</td>
</tr>
<tr>
<td>☐ Faulty wiring</td>
</tr>
<tr>
<td>☐ Wire/product in water</td>
</tr>
<tr>
<td>☐ Child playing with outlet</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>t. Other, describe in detail:</th>
</tr>
</thead>
</table>

### 3. DROWNING

<table>
<thead>
<tr>
<th>a. Where was child last seen before drowning? Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ In water</td>
</tr>
<tr>
<td>☐ In yard</td>
</tr>
<tr>
<td>☐ On shore</td>
</tr>
<tr>
<td>☐ In bathroom</td>
</tr>
<tr>
<td>☐ On dock</td>
</tr>
<tr>
<td>☐ In house</td>
</tr>
<tr>
<td>☐ Poolside</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. What was child last seen doing before drowning?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Playing</td>
</tr>
<tr>
<td>☐ Tubing</td>
</tr>
<tr>
<td>☐ Boating</td>
</tr>
<tr>
<td>☐ Water-skiing</td>
</tr>
<tr>
<td>☐ Swimming</td>
</tr>
<tr>
<td>☐ Sleeping</td>
</tr>
<tr>
<td>☐ Bathing</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ Fishing</td>
</tr>
<tr>
<td>☐ Surfing</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Was child forcibly submerged?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Drowning location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Open water, go to e</td>
</tr>
<tr>
<td>☐ Pool, hot tub, spa, go to i</td>
</tr>
<tr>
<td>☐ Bathub, go to w</td>
</tr>
<tr>
<td>☐ Bucket, go to x</td>
</tr>
<tr>
<td>☐ Well/ cistern/ septic, go to n</td>
</tr>
<tr>
<td>☐ Toilet, go to z</td>
</tr>
<tr>
<td>☐ Other, specify and go to n</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. For open water, place:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lake</td>
</tr>
<tr>
<td>☐ Quarry</td>
</tr>
<tr>
<td>☐ River</td>
</tr>
<tr>
<td>☐ Gravel pit</td>
</tr>
<tr>
<td>☐ Pond</td>
</tr>
<tr>
<td>☐ Canal</td>
</tr>
<tr>
<td>☐ Creek</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
<tr>
<td>☐ Ocean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. For open water, contributing environmental factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Weather</td>
</tr>
<tr>
<td>☐ Drop off</td>
</tr>
<tr>
<td>☐ Temperature</td>
</tr>
<tr>
<td>☐ Rough waves</td>
</tr>
<tr>
<td>☐ Current</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ Riptide/ undertow</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. If boating, type of boat:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Sailboat</td>
</tr>
<tr>
<td>☐ Commercial</td>
</tr>
<tr>
<td>☐ Jet ski</td>
</tr>
<tr>
<td>☐ Other,</td>
</tr>
<tr>
<td>☐ Motorboat</td>
</tr>
<tr>
<td>☐ specify:</td>
</tr>
<tr>
<td>☐ Canoe</td>
</tr>
<tr>
<td>☐ Kayak</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
<tr>
<td>☐ Raft</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. For boating, was the child piloting boat?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. For pool, type of pool:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Above ground</td>
</tr>
<tr>
<td>☐ In-ground</td>
</tr>
<tr>
<td>☐ Hot tub, spa</td>
</tr>
<tr>
<td>☐ Wading</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. For pool, child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ In the pool/hot tub/spa</td>
</tr>
<tr>
<td>☐ On or under the cover</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k. For pool, ownership is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Private</td>
</tr>
<tr>
<td>☐ Public</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. Length of time owners had pool/hot tub/spa:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ N/A</td>
</tr>
<tr>
<td>☐ &gt;1yr</td>
</tr>
<tr>
<td>☐ &lt;6 months</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
<tr>
<td>☐ 6m-1 yr</td>
</tr>
</tbody>
</table>
Flotation device used?
- N/A
- No
- Yes
- UK
  - Yes: Coat Guard approved. Type:
  - No: Not Coast Guard approved. Type:

What barriers/layers of protection existed to prevent access to water?
- None
- Alarm, go to r
- Fence, go to o
- Cover, go to s
- Gate, go to p
- UK
- Door, go to q

Fence:
- Describe type:
- Fence height in ft:
- Fence surrounds water on:
- Four sides
- Two or
- Three sides
- Less sides

Gate:
- Has self closing latch
- Has lock
- Is a double gate
- Opens to water

Door:
- Patio door
- Opens to water
- Screen door
- Barrier between
- Steel door
- Door and water
- Self closing
- UK
- Has lock

Alarm, check all that apply:
- Door
- Window
- Pool
- Laser
- UK

Correct size?
- No
- Yes

Worn correctly?
- No
- Yes

Local ordinance(s) regulating access to water?
- No
- Yes
- UK

How were layers of protection breached, check all that apply:
- No layers breached
- Gate left open
- Gate unlocked
- Gate latch failed
- Gap in gate
- Climbed fence
- Door left open
- Window left open
- Alarm not working

Child able to swim?
- Yes
- No

For bathtub, child in a bathing aid?
- Yes
- No

Warning sign or label posted?
- Yes
- No

Lifeguard present?
- Yes
- No

Rescue attempt made?
- Yes
- No

If yes, who? Check all that apply:
- Parent
- Bystander
- Other child

Was asphyxia an autoerotic event?
- Yes
- No
- UK

 History of seizures?
- Yes
- No
- UK

 Was child participating in 'choke game' or 'pass out game'?
- Yes
- No

Was Heimlich Maneuver attempted?
- Yes
- No
- UK

Type of cover:
- Hard
- Soft
- UK

Child exposed to 2nd-hand smoke?
- Yes
- No

Outdoors temp:
- Yes
- No

Child overheated?
- Yes
- No

Outside temp:
- Yes
- No

History of seizures?
- Yes
- No

History of apnea?
- Yes
- No

SIDS And Undetermined Cause Under One Year Of Age

Exposure to 2nd-hand smoke?
- Yes
- No

Outside temp:
- Yes
- No

History of seizures?
- Yes
- No

History of apnea?
- Yes
- No

SIDS And Undetermined Cause Under One Year Of Age

Exposure to 2nd-hand smoke?
- Yes
- No

Outside temp:
- Yes
- No

History of seizures?
- Yes
- No

History of apnea?
- Yes
- No

For SIDS, go to Section H, page 11. For undetermined injury cause to infants also complete G12, page 11, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 10, then go to Section H.
### 6. WEAPON, INCLUDING PERSON'S BODY PART

<table>
<thead>
<tr>
<th>a. Type of weapon:</th>
<th>b. For firearms, type:</th>
<th>c. Firearm licensed?</th>
<th>d. Firearm safety features, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Firearm, go to b</td>
<td>○ Handgun</td>
<td>○ No ○ Yes ○ U/K</td>
<td>○ Trigger lock ○ Magazine disconnect</td>
</tr>
<tr>
<td>○ Sharp instrument, go to j</td>
<td>○ Shotgun</td>
<td></td>
<td>○ Personalization device ○ Minimum trigger pull</td>
</tr>
<tr>
<td>○ Blunt instrument, go to k</td>
<td>○ BB gun</td>
<td></td>
<td>○ External safety/drop safety ○ Other, specify:</td>
</tr>
<tr>
<td>○ Person's body part, go to l</td>
<td>○ Hunting rifle</td>
<td></td>
<td>○ Loaded chamber indicator ○ U/K</td>
</tr>
<tr>
<td>○ Explosive, go to m</td>
<td>○ Assault rifle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Rope, go to m</td>
<td>○ Air rifle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Pipe, go to m</td>
<td>○ Sawed off shotgun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Biological, go to m</td>
<td>○ Other, specify:</td>
<td>○ U/K</td>
<td></td>
</tr>
<tr>
<td>○ Other, specify and go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ U/K, go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Where was firearm stored?</th>
<th>f. Firearm stored with ammunition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Not stored</td>
<td>○ No ○ Yes ○ U/K</td>
</tr>
<tr>
<td>○ Under mattress/pillow</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Firearm stored loaded?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No ○ Yes ○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Owner of fatal firearm:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ U/K, weapon stolen</td>
</tr>
<tr>
<td>○ U/K, weapon found</td>
</tr>
<tr>
<td>○ Self</td>
</tr>
<tr>
<td>○ Biological parent</td>
</tr>
<tr>
<td>○ Adoptive parent</td>
</tr>
<tr>
<td>○ Stepparent</td>
</tr>
<tr>
<td>○ Foster parent</td>
</tr>
<tr>
<td>○ Mother's partner</td>
</tr>
<tr>
<td>○ Father's partner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Sex of fatal firearm owner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Male</td>
</tr>
<tr>
<td>○ Female</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Type of sharp object:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Kitchen knife</td>
</tr>
<tr>
<td>○ Switchblade</td>
</tr>
<tr>
<td>○ Pocketknife</td>
</tr>
<tr>
<td>○ Razor</td>
</tr>
<tr>
<td>○ Hunting knife</td>
</tr>
<tr>
<td>○ Scissors</td>
</tr>
<tr>
<td>○ Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k. Type of blunt object:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Bat</td>
</tr>
<tr>
<td>○ Club</td>
</tr>
<tr>
<td>○ Stick</td>
</tr>
<tr>
<td>○ Hammer</td>
</tr>
<tr>
<td>○ Rock</td>
</tr>
<tr>
<td>○ Household item</td>
</tr>
<tr>
<td>○ Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. What did person's body part do? Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Beat, kick or punch</td>
</tr>
<tr>
<td>○ Drop</td>
</tr>
<tr>
<td>○ Push</td>
</tr>
<tr>
<td>○ Bite</td>
</tr>
<tr>
<td>○ Shake</td>
</tr>
<tr>
<td>○ Strangle</td>
</tr>
<tr>
<td>○ Throw</td>
</tr>
<tr>
<td>○ Drown</td>
</tr>
<tr>
<td>○ Burn</td>
</tr>
<tr>
<td>○ Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>m. Did person using weapon have history of weapon-related offenses?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No ○ Yes ○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No ○ Yes, describe circumstances:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>o. Persons handling weapons at time of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Fatal and/or Other weapon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>p. Sex of person(s) handling weapon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal weapon:</td>
</tr>
<tr>
<td>○ Male</td>
</tr>
<tr>
<td>○ Female</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

### 7. ANIMAL BITE OR ATTACK

<table>
<thead>
<tr>
<th>a. Type of animal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Domesticated dog</td>
</tr>
<tr>
<td>○ Domesticated cat</td>
</tr>
<tr>
<td>○ Snake</td>
</tr>
<tr>
<td>○ Wild mammal, specify: ○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Animal access to child, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Animal on leash</td>
</tr>
<tr>
<td>○ Animal caged or inside fence</td>
</tr>
<tr>
<td>○ Animal not caged orleshed</td>
</tr>
<tr>
<td>○ Child reached in</td>
</tr>
<tr>
<td>○ Child entered animal area</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Did child provoke animal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No ○ Yes ○ U/K</td>
</tr>
<tr>
<td>If yes, how?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Animal has history of biting or attacking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No ○ Yes ○ U/K</td>
</tr>
</tbody>
</table>

### 8. FALL OR CRUSH

<table>
<thead>
<tr>
<th>a. Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Fall, go to b</td>
</tr>
<tr>
<td>○ Crush, go to h</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Height of fall:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ feet</td>
</tr>
<tr>
<td>○ inches</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Child fell from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Natural elevation</td>
</tr>
<tr>
<td>○ Stairs/steps</td>
</tr>
<tr>
<td>○ Moving object, specify: ○ Animal, specify:</td>
</tr>
<tr>
<td>○ Screen</td>
</tr>
<tr>
<td>○ No screen</td>
</tr>
<tr>
<td>○ U/K if screen</td>
</tr>
<tr>
<td>○ Man-made elevation</td>
</tr>
<tr>
<td>○ Furniture</td>
</tr>
<tr>
<td>○ Bridge</td>
</tr>
<tr>
<td>○ Playground equipment</td>
</tr>
<tr>
<td>○ Bed</td>
</tr>
<tr>
<td>○ Overpass</td>
</tr>
<tr>
<td>○ Tree</td>
</tr>
<tr>
<td>○ Roof</td>
</tr>
<tr>
<td>○ Balcony</td>
</tr>
</tbody>
</table>
### 9. POISONING, OVERDOSE OR ACUTE INTOXICATION

**a. Type of substance involved, check all that apply:**

<table>
<thead>
<tr>
<th>Prescription drug</th>
<th>Over the counter drug</th>
<th>Cleaning substances</th>
<th>Other substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant</td>
<td>Diet pills</td>
<td>Bleach</td>
<td>Plants</td>
</tr>
<tr>
<td>Blood pressure medication</td>
<td>Stimulants</td>
<td>Drain cleaner</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Pain killer (opiate)</td>
<td>Cough medicine</td>
<td>Alkaline-based cleaner</td>
<td>Street drugs</td>
</tr>
<tr>
<td>Pain killer (non-opiate)</td>
<td>Pain medication</td>
<td>Solvent</td>
<td>Pesticide</td>
</tr>
<tr>
<td>Methadone</td>
<td>Children’s vitamins</td>
<td>Other, specify:</td>
<td>Antifreeze</td>
</tr>
<tr>
<td>Cardiac medication</td>
<td>Iron supplement</td>
<td>Other vitamins</td>
<td>Other chemical</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>Other, specify:</td>
<td>Cosmetics/personal care products</td>
<td>Herbal remedy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Carbon monoxide, go to f</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other, specify:</td>
</tr>
</tbody>
</table>

**b. Where was the substance stored?**

- Open area
- Open cabinet
- Closed cabinet, unlocked
- Closed cabinet, locked
- Other, specify:

**c. Was the product in its original container?**

- Yes
- No
- U/K

**d. Did container have a child safety cap?**

- Yes
- No
- U/K

**e. If prescription, was it child’s?**

- Yes
- No
- U/K

**f. Was the incident the result of?**

- Accidental overdose
- Medical treatment mishap
- Adverse effect, but not overdose
- Deliberate poisoning
- Acute intoxication
- Other, specify:

**g. Was Poison Control called?**

- Yes
- No
- U/K

**h. For CO poisoning, was a CO detector present?**

- Yes
- No
- U/K

### 10. EXPOSURE

**a. Circumstances, check all that apply:**

- Abandonment
- Lost outdoors
- Left in car
- Illegal border crossing
- Illegal in room
- Other, specify:
- Submerged in water
- Other, specify:
- Injured outdoors

**b. Condition of exposure:**

- Hyperthermia
- Hypothermia
- U/K

**c. Number of hours exposed:**

- Ambient temp, degrees F

**d. Was child wearing appropriate clothing?**

- Yes
- No
- U/K

### 11. MEDICAL CONDITION

**a. How long did the child have the medical condition?**

- In utero
- Since birth
- Hours
- Days

**b. Was death expected as a result of the medical condition?**

- Yes
- No
- U/K

**c. Was child receiving health care for the medical condition?**

- Yes
- No
- U/K

**d. Were the prescribed care plans appropriate for the medical condition?**

- Yes
- No
- U/K

**e. Was child/family compliant with the prescribed care plans?**

- Yes
- No
- U/K

**f. Was child up to date with American Academy of Pediatrics immunization schedule?**

- Yes
- No
- U/K

**g. Was medical condition associated with an outbreak?**

- Yes
- No
- U/K
1. **ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE:**

**WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?**

<table>
<thead>
<tr>
<th>a. Incident sleep place:</th>
<th>b. Child put to sleep:</th>
<th>c. Child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Crib</td>
<td>- On back</td>
<td>- On back</td>
</tr>
<tr>
<td>- Playpen/other play structure but not portable crib</td>
<td>- On stomach</td>
<td>- On stomach</td>
</tr>
<tr>
<td>- If crib, type:</td>
<td>- On side</td>
<td>- On side</td>
</tr>
<tr>
<td>- Couch</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
<tr>
<td>- Not portable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Portable, e.g. pack-n-play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unknown crib type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bassinet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Stroller</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adult bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Waterbed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE**

Specify cause, describe in detail here or in narrative:

3. **OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTION**

<table>
<thead>
<tr>
<th>d. Usual sleep place:</th>
<th>e. Usual sleep position:</th>
<th>f. Was there a crib, bassinet or port-a-crib in home for child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Crib</td>
<td>- On back</td>
<td>- On back</td>
</tr>
<tr>
<td>- Playpen/other play structure but not portable crib</td>
<td>- On stomach</td>
<td>- On stomach</td>
</tr>
<tr>
<td>- If crib, type:</td>
<td>- On side</td>
<td>- On side</td>
</tr>
<tr>
<td>- Couch</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
<tr>
<td>- Not portable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Portable, e.g. pack-n-play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unknown crib type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bassinet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Stroller</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adult bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Waterbed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Circumstances when child found:**

<table>
<thead>
<tr>
<th>g. Child in a new or different environment than usual?</th>
<th>h. Child last placed to sleep with a pacifier?</th>
<th>i. Was a fan being used in the room at the time of death?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- No</td>
<td>- No</td>
<td>- No</td>
</tr>
<tr>
<td>- Yes</td>
<td>- Yes</td>
<td>- Yes</td>
</tr>
<tr>
<td>- U/K</td>
<td>- U/K</td>
<td>- U/K</td>
</tr>
</tbody>
</table>

5. **With what objects or persons, check all that apply:**

- Adult(s)                                           
- Water bed mattress                                 
- Clothing                                           
- Child(ren)                                         
- Air mattress                                       
- Cord                                               
- Animal(s)                                          
- Bumper pads                                        
- Plastic bag                                        
- Blanket                                            
- Crib rail                                          
- Other, specify:                                   
- Pillow                                            
- Couch                                             
- Other, specify:                                   
- Comforter                                         
- Chair, type:                                      
- Mattress                                          
- Car seat/stroller                                  
- U/K                                               
- Pillow-top mattress                                
- Stuffed toy                                       

6. **Caregiver/supervisor fell asleep while feeding child?**

<table>
<thead>
<tr>
<th>- No</th>
<th>- Yes</th>
<th>- U/K</th>
</tr>
</thead>
</table>

7. **Child's position most relevant to death:**

- On top of
- Under
- Between
- Wedged into
- Pressed into
- Fell or rolled onto
- Tangled in
- Other, specify:

8. **Child sleeping in the same room as caregiver/supervisor at time of death?**

<table>
<thead>
<tr>
<th>- No</th>
<th>- Yes</th>
<th>- U/K</th>
</tr>
</thead>
</table>

9. **Child sleeping on same surface with person(s) or animals(s)?**

<table>
<thead>
<tr>
<th>- No</th>
<th>- Yes</th>
<th>- U/K</th>
</tr>
</thead>
</table>

10. **Was Consumer Product Safety Commission (CPSC) notified?**

<table>
<thead>
<tr>
<th>- No, call 1-800-638-2772 to file report</th>
<th>- Yes</th>
<th>- U/K</th>
</tr>
</thead>
</table>

11. **Describe product and circumstances:**

<table>
<thead>
<tr>
<th>- No</th>
<th>- Yes</th>
<th>- U/K</th>
</tr>
</thead>
</table>

12. **WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?**

<table>
<thead>
<tr>
<th>- No, go to H3</th>
<th>- Yes</th>
<th>- U/K</th>
</tr>
</thead>
</table>
### 3. Did Death Occur During Commission of Another Crime?

<table>
<thead>
<tr>
<th>a. Type of crime, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Robbery/burglary</td>
</tr>
<tr>
<td>☐ Other assault</td>
</tr>
<tr>
<td>☐ Arson</td>
</tr>
<tr>
<td>☐ Illegal border crossing</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ Interpersonal violence</td>
</tr>
<tr>
<td>☐ Gang conflict</td>
</tr>
<tr>
<td>☐ Prostitution</td>
</tr>
<tr>
<td>☐ Auto theft</td>
</tr>
<tr>
<td>☐ Sexual assault</td>
</tr>
<tr>
<td>☐ Drug trade</td>
</tr>
<tr>
<td>☐ Witness intimidation</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
</tbody>
</table>

### 1. Acts of Omission or Commission Including Poor Supervision, Child Abuse & Neglect, Assaults, and Suicide

#### Type of Act

1. Did any act(s) of omission or commission cause and/or contribute to the death?
   - ☐ No, go to Section J
   - ☐ Yes
   - ☐ Probable
   - ☐ U/K, go to Section J

   If yes/probable, were the act(s) either or both?
   - ☐ The direct cause of death
   - ☐ The contributing cause of death

2. Was the act(s): Check only one per column.
   - Caused
   - Contributed
   - Unintentional
   - Intentional
   - Undetermined intent
   - U/K

3. What acts caused or contributed to the death?
   - Caused
   - Contributed
   - Poor/absent supervision, go to 11
   - Child abuse, go to 4
   - Child neglect, go to 9
   - Other negligence, go to 10
   - Assault, not child abuse, go to 11
   - Religious/cultural practices, go to 11
   - Suicide, go to 28
   - Medical misadventure, specify and go to 12
   - Other, specify and go to 11
   - U/K, go to 11

#### 4. Child abuse, type. Check all that apply and describe in narrative.

- ☐ Physical, go to 5
- ☐ Emotional, specify and go to 11
- ☐ Sexual, specify and go to 11
- ☐ U/K, go to 11

#### 5. Type of physical abuse, check all that apply:

- Abusive head trauma, go to 6
- Chronic Battered Child Syndrome, go to 8
- Beating/kicking, go to 8
- Scalding or burning, go to 8
- Munchausen Syndrome by Proxy, go to 8
- Other, specify and go to 8
- U/K, go to 8

#### 6. For abusive head trauma, were there retinal hemorrhages?

- ☐ No
- ☐ Yes
- ☐ U/K

#### 7. For abusive head trauma, was the child shaken?

- ☐ No
- ☐ Yes
- ☐ U/K

#### 8. Events(s) triggering physical abuse, check all that apply:

- None
- Crying
- Toilet training
- Disobedience
- Feeding problems
- Domestic argument
- Other, specify:
- U/K

#### 9. Child neglect, check all that apply:

- Failure to protect from hazards, specify:
- Failure to seek/follow treatment, specify:
- Emotional neglect, specify:
- Abandonment, specify:
- Food
- Shelter
- Other, specify:
- U/K

#### 10. Other negligence:

- Vehicular
- Other, specify:
- U/K

#### 11. Was act(s) of omission/commission:

- Chronic with child
- Pattern in family or with perpetrator
- Isolated incident
- U/K

#### Person(s) Responsible

12. Is person the caregiver or supervisor in previous section?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes, caregiver one, go to 25</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Yes, caregiver two, go to 25</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Yes, supervisor, go to 26</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

13. Primary person responsible for act(s) that caused and/or contributed to death:

Select no more than one person for caused and one person for contributed.

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Self, go to 25</td>
<td>☐ Grandparent</td>
</tr>
<tr>
<td>☐ Biological parent</td>
<td>☐ Sibling</td>
</tr>
<tr>
<td>☐ Adoptive parent</td>
<td>☐ Other relative</td>
</tr>
<tr>
<td>☐ Stepparent</td>
<td>☐ Friend</td>
</tr>
<tr>
<td>☐ Foster parent</td>
<td>☐ Acquaintance</td>
</tr>
<tr>
<td>☐ Mother’s partner</td>
<td>☐ Child’s boyfriend or girlfriend</td>
</tr>
<tr>
<td>☐ Father’s partner</td>
<td>☐ Stranger</td>
</tr>
<tr>
<td>☐ Medical provider</td>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ Institutional staff</td>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ Babysitter</td>
<td>☐ Licensed child care worker</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

14. Person’s age in years:

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ # Years</td>
<td>☐ ☐ U/K</td>
</tr>
</tbody>
</table>

15. Person’s sex:

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Female</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

16. Does person speak English?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

17. Person on active military duty?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ U/K</td>
</tr>
<tr>
<td><strong>18. Person have history of substance abuse?</strong></td>
<td><strong>19. Person have history of child maltreatment as victim?</strong></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>[ ] [ ] No</td>
<td>[ ] [ ] No</td>
</tr>
<tr>
<td>[ ] [ ] Yes</td>
<td>[ ] [ ] Yes</td>
</tr>
<tr>
<td>[ ] [ ] U/K</td>
<td>[ ] [ ] U/K</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- [ ] Alcohol
- [ ] Cocaine
- [ ] Marijuana
- [ ] Methamphetamine
- [ ] Opiates
- [ ] Prescription drugs
- [ ] Over-the-counter
- [ ] Other, specify:

<table>
<thead>
<tr>
<th><strong>22. Person have prior child deaths?</strong></th>
<th><strong>23. Person have history of intimate partner violence?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] [ ] No</td>
<td>[ ] [ ] No</td>
</tr>
<tr>
<td>[ ] [ ] Yes</td>
<td>[ ] [ ] No, as victim</td>
</tr>
<tr>
<td>[ ] [ ] U/K</td>
<td>[ ] [ ] U/K</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- [ ] Child abuse # ______
- [ ] Child neglect # ______
- [ ] Accident # ______
- [ ] Suicide # ______
- [ ] SIDS # ______
- [ ] Other # ______
- [ ] Other, specify:

<table>
<thead>
<tr>
<th><strong>24. Person have delinquent/criminal history?</strong></th>
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<tbody>
<tr>
<td>[ ] [ ] No</td>
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<tr>
<td>[ ] [ ] Yes</td>
</tr>
<tr>
<td>[ ] [ ] U/K</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- [ ] Assaults
- [ ] Robbery
- [ ] Drugs
- [ ] Other, specify:

<table>
<thead>
<tr>
<th><strong>25. At time of incident was person, check all that apply:</strong></th>
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<tbody>
<tr>
<td>[ ] [ ] Drug impaired?</td>
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<tr>
<td>[ ] [ ] Alcohol impaired?</td>
</tr>
<tr>
<td>[ ] [ ] Asleep?</td>
</tr>
<tr>
<td>[ ] [ ] Distracted?</td>
</tr>
<tr>
<td>[ ] [ ] Absent?</td>
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<tr>
<td>[ ] [ ] Impaired by illness? Specify:</td>
</tr>
<tr>
<td>[ ] [ ] Impaired by disability? Specify:</td>
</tr>
<tr>
<td>[ ] [ ] Other? Specify:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>26. Does person have, check all that apply:</strong></th>
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<tbody>
<tr>
<td>[ ] [ ] Prior history of similar acts?</td>
</tr>
<tr>
<td>[ ] [ ] Prior arrests?</td>
</tr>
<tr>
<td>[ ] [ ] Prior convictions?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>27. Legal outcomes in this death, check all that apply:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] [ ] No charges filed</td>
</tr>
<tr>
<td>[ ] [ ] Charges pending</td>
</tr>
<tr>
<td>[ ] [ ] Charges filed, specify:</td>
</tr>
</tbody>
</table>

For Suicide

28. For suicide, select yes, no or u/k for each question. Describe answers in narrative.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
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<td>[ ]</td>
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</tbody>
</table>

A note was left? [ ] [ ] [ ]
Child talked about suicide? [ ] [ ] [ ]
Prior suicide threats were made? [ ] [ ] [ ]
Prior attempts were made? [ ] [ ] [ ]
Suicide was completely unexpected? [ ] [ ] [ ]
Child had a history of running away? [ ] [ ] [ ]
Child had a history of self mutilation? [ ] [ ] [ ]
There is a family history of suicide? [ ] [ ] [ ]
Suicide was part of a murder-suicide? [ ] [ ] [ ]
Suicide was part of a suicide pact? [ ] [ ] [ ]
Suicide was part of a suicide cluster? [ ] [ ] [ ]

29. For suicide, was there a history of acute or cumulative personal crisis that may have contributed to the child's despondency? Check all that apply:

- [ ] None known
- [ ] Physical abuse/assault
- [ ] Family discord
- [ ] Rape/sexual abuse
- [ ] Parents' divorce/separation
- [ ] Problems with the law
- [ ] Argument with parents/caregivers
- [ ] Drugs/alcohol
- [ ] Argument with boyfriend/girlfriend
- [ ] Sexual orientation
- [ ] Breakup with boyfriend/girlfriend
- [ ] Religious/cultural issues
- [ ] Argument with other friends
- [ ] Job problems
- [ ] Rumor mongering
- [ ] Money problems
- [ ] Suicide by friend or relative
- [ ] Gambling problems
- [ ] Other death of friend or relative
- [ ] Involvement in cult activities
- [ ] Bullying as victim
- [ ] Involvement in computer
- [ ] Bullying as perpetrator
- [ ] or video games
- [ ] School failure
- [ ] Involvement with the Internet, specify:
- [ ] Move/new school
- [ ] Other serious school problems
- [ ] Other, specify:
- [ ] Pregnancy
- [ ] U/K
### J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

<table>
<thead>
<tr>
<th>Services: Provided after death</th>
<th>Offered but refused U/K if used</th>
<th>Offered but not available</th>
<th>Should be offered</th>
<th>Needed but</th>
<th>CDR review led to referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funeral arrangements</td>
<td></td>
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<tr>
<td>Emergency shelter</td>
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<tr>
<td>Mental health services</td>
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<tr>
<td>Foster care</td>
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<tr>
<td>Health care</td>
<td></td>
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<td></td>
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<tr>
<td>Legal services</td>
<td></td>
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<td></td>
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<tr>
<td>Family planning</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
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</tbody>
</table>

### K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

1. Could the death have been prevented?  
   - No, probably not  
   - Yes, probably  
   - Team could not determine

2. What specific recommendations and/or initiatives resulted from the review? Check all that apply:  
   - No recommendations made, go to Section L

<table>
<thead>
<tr>
<th>Current Action Stage</th>
<th>Type of Action</th>
<th>Level of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recommendation</td>
<td>Planning</td>
</tr>
<tr>
<td>Education</td>
<td>Media campaign</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community safety project</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public forum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New policy(ies)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Revised policy(ies)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expanded services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

| Agency               | New law/ordinance | | | | | | |
|                     | Amended law/ordinance | | | | | | |
|                     | Enforcement of law/ordinance | | | | | | |
| Law                 | Modify a consumer product | | | | | | |
|                     | Recall a consumer product | | | | | | |
|                     | Modify a public space | | | | | | |
|                     | Modify a private space(s) | | | | | | |
|                     | Other, specify: | | | | | | |

Briefly describe the initiatives:

3. Who took responsibility for championing the prevention initiatives? Check all that apply:
   - N/A, no strategies
   - Mental health
   - Law enforcement
   - Advocacy organization
   - Other, specify:
   - No one
   - Schools
   - Medical examiner
   - Local community group
   - Hospital
   - Coroner
   - New coalition/task force
   - Health department
   - Elected official
   - Youth group
   - Social services
   - Other health care providers
   - UK
## L. THE REVIEW MEETING PROCESS

1. Date of first review meeting: 
2. Number of review meetings for this case: 
3. Is review complete?  
   - N/A  
   - No  
   - Yes

4. Agencies at review, check all that apply:
   - Medical examiner/coroner  
   - CPS  
   - Other health care  
   - Mental health  
   - Others, list:
   - Law enforcement  
   - Other social services  
   - Fire  
   - Substance abuse  
   - Prosecution/district attorney  
   - Physician  
   - EMS  
   - Court  
   - Public health  
   - Hospital  
   - Education  
   - Child advocate

5. Factors that prevented an effective review, check all that apply:
   - Confidentiality issues among members prevented full exchange of information
   - HIPAA regulations prevented access to or exchange of information
   - Inadequate investigation precluded having enough information for review
   - Team members did not bring adequate information to the meeting
   - Necessary team members were absent
   - Meeting was held too soon after death
   - Meeting was held too long after death
   - Records or information were needed from another locality in-state
   - Records or information were needed from another state
   - Team disagreement on circumstances
   - Other factors, specify:

6. Review meeting outcomes, check all that apply:
   - Review led to additional investigation
   - Team disagreed with official manner of death
     - What did team believe manner should be?
   - Team disagreed with official cause of death
     - What did team believe cause should be?
   - Because of the review, the official cause or manner of death was changed
   - Review led to the delivery of services
   - Review led to changes in agency policies or practices
   - Review led to prevention initiatives being implemented
     - Local
     - State
     - National

## M. NARRATIVE

Use this space to provide more detail on the circumstances of the death, and to describe any other relevant information. Try not to include identifiers in the narrative.

Continue narrative if necessary on back page

## N. FORM COMPLETED BY:

PERSON:  
TITLE:  
AGENCY:  
PHONE:  

EMAIL:  
DATE COMPLETED:  
DATA ENTRY COMPLETED FOR THIS CASE?  
For State Program Use Only:  
DATA QUALITY ASSURANCE COMPLETED BY STATE  

date: 15
The development of this report tool was supported, in part, by Grant No. U49MC00225 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

Data Entry: https://cdrdata.org
www.childdeathreview.org
For help email: info@childdeathreview.org
1-800-656-2434
NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD FATALITY REPORT

Report Identification Number:

Report prepared by:

Report issued on:

This is a report prepared pursuant to section 20(5) of the Social Services Law (SSL). It concerns the case:

☐ of a report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.

☐ of the death of a child for whom child protective services has an open case

☐ of the death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.

☐ of the death of a child for whom the local department of social services has an open preventive service case.

As mandated by section 20(5) of the SSL, this report contains no information that would identify the deceased child, his or her siblings, the parent, parents or other persons legally responsible for the child, and any members of the deceased child's household. This report may be disclosed to the public by the New York State Office of Children and Family Services (OCFS) pursuant to section 20(5)(c) of the SSL. However, it may be released only after the Commissioner of OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment of the performance of these individuals.
Individual Child Fatality Report

Case ID: 95-2011-00027
Jurisdiction: 
Age: 
Date of Death: 

Official Manner and Primary Cause of Death

Official manner of death: ..........................................................
Primary cause of death: ..........................................................
Description: ..............................................................................
Person declaring official manner and cause of death: ..........

Presenting Information

Fatality Narrative

Incident Information

Date/Time of fatal incident event if different than date of death: / / ☐ Unknown
AM ☐ Unknown

County where fatal incident occurred: ..........................................................
Was 911 or local emergency number called? ...............................................
EMS to scene? ....................................................................................
At time of incident leading to death, had child used alcohol or drugs?.....

Child’s activity at time of incident:
☐ Sleeping ☐ Working ☐ Driving / Vehicle occupant
☐ Playing ☐ Eating ☐ Other: Crying
☐ Unknown

Total number of deaths at incident event: Unknown ☐
Children ages 0-18:
Adults:
Child Information

Age:  
Gender:  

Was there an open CPS case with this child at the time of death?  
Child had a history of child abuse / maltreatment?  
Were there any siblings ever placed outside the home prior to this child's death?  
Was child ever placed outside of the home prior to the death?  
Was child acutely ill during the two weeks before death?  

Infants under 1 year old

This infant was part of a multiple birth:  
If so, number:  

During pregnancy, mother:  
Was not noted in the case record to have any of the issues listed below  
- [ ] Had medical complications / infections  
- [ ] Misused over-the-counter or prescription drugs  
- [ ] Experienced domestic violence  
- [ ] Had heavy alcohol use  
- [ ] Smoked tobacco  
- [ ] Used illicit drugs

Infant was born:  
With neither of the issues listed below noted in case record  
- [ ] Drug exposed  
- [ ] With fetal alcohol effects or syndrome

Primary Caregiver #1 Information

Relationship to the deceased child:  
Gender:  
Speak English?  

Received DSS Benefits in the past 12 months:  
- [ ] WIC  
- [ ] TANF  
- [ ] Medicaid  
- [ ] Food stamps  
- [ ] Other:

Has a history of substance abuse?  
- [ ] Alcohol  
- [ ] Methamphetamine  
- [ ] Over-the-counter drugs  
- [ ] Cocaine  
- [ ] Opiates  
- [ ] Other:  
- [ ] Marijuana  
- [ ] Prescription drugs  
- [ ] Unknown type

Has a history of child abuse / maltreatment as a child?  

Has a history of child abuse / maltreatment as a perpetrator?  
- [ ] # of CPS reports:  
- [ ] # of CPS Indications:  
- [ ] Received CPS Services  
- [ ] Received Preventive Services  
- [ ] Children ever removed

Was receiving mental health services?  

Has prior child deaths?  

Has a history of domestic violence?  
- [ ] No  
- [ ] Yes, as perpetrator  
- [ ] Yes, as victim  
- [ ] Unknown

Has a history of delinquent / criminal activity?  

...
Primary Caregiver #2 Information

Relationship to the deceased child:

Gender:

Speak English?

Received DSS benefits in the past 12 months?
- [ ] WIC
- [ ] Food stamps
- [ ] TANF
- [ ] Other:
- [ ] Medicaid

Has a history of substance abuse?
- [ ] Alcohol
- [ ] Methamphetamine
- [ ] Over-the-counter drugs
- [ ] Cocaine
- [ ] Opiates
- [ ] Other:
- [ ] Marijuana
- [ ] Prescription drugs
- [ ] Unknown type

Has a history of child abuse / maltreatment as a child?

Has a history of child abuse / maltreatment as a perpetrator?

# of CPS reports:

# of CPS Indications:

Received CPS Services

Received Preventive Services

Was receiving mental health services?

Has prior child deaths?

Has a history of domestic violence?
- [ ] No
- [ ] Yes, as perpetrator
- [ ] Yes, as victim
- [ ] Unknown

Has a history of delinquent / criminal activity?

Supervisor Information

Did child have supervision at time of incident leading to death?

How long before incident did supervisor last see child?

Is this person a primary caregiver as listed in previous section?

At time of incident was supervisor:
- [ ] Drug Impaired
- [ ] Absent
- [ ] Alcohol Impaired
- [ ] Impaired by illness:
- [ ] Asleep
- [ ] Impaired by disability:
- [ ] Distracted
- [ ] Other:

Primary person responsible for supervision at time of incident:

Household Composition

<table>
<thead>
<tr>
<th>Household</th>
<th>Relationship</th>
<th>Role</th>
<th>Gender</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Fatality Report Allegations

<table>
<thead>
<tr>
<th>Victim</th>
<th>Allegation</th>
<th>Perpetrator</th>
<th>Substantiated</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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History (General)

Was anyone listed in household composition receiving public assistance (TANF, Medicaid, HEAP, Food Stamps, etc.) in NYS at the time of the fatality?

- [ ] Yes
- [ ] No
- [x] Unable to determine

If Yes, Assistance Recieved

- [ ] TANF
- [ ] Food Stamps
- [ ] Medicaid
- [ ] Other
- [ ] HEAP

Specify:

Were preventive or foster care services ever provided to the deceased child, the deceased child’s siblings, or any child listed in the household composition?

- [ ] Yes
- [ ] No
- [x] Unable to determine

If Yes, Services Recieved

- Preventive
- Foster Care

Had a parent of the deceased child been in foster care during the 5 years prior to the fatality?

- [ ] Yes
- [ ] No
- [x] Unable to determine

CPS History

Has any member of this household been previously involved in a reported case of child abuse/maltreatment?

Prior to the report of this child's death:

- [ ] Yes
- [ ] No
- [x] Unknown

# CPS Reports:

- [ ] Prior
- [ ] Since

If yes

Since the report of this child's death:

- [ ] Yes
- [ ] No
- [x] Unknown

# CPS Reports Indicated:

- [ ] Prior
- [ ] Since

All Allegations:

Prior:  Since:

- [ ] DOA / Fatality
- [ ] Fractures
- [ ] Internal Injuries
- [ ] Lacerations / Bruises / Welts
- [ ] Burns / Scalding
- [ ] Excessive Corporal Punishment
- [ ] Child's Drug / Alcohol Use
- [ ] Poisoning / Noxious Substances
- [ ] Choking / Twisting / Shaking
- [ ] Lack of Medical Care
- [ ] Malnutrition / Failure to Thrive

Prior:  Since:

- [ ] Inadequate Guardianship
- [ ] Swelling / Dislocations / Sprains
- [ ] Educational Neglect
- [ ] Emotional Neglect
- [ ] Inadequate Food / Clothing / Shelter
- [ ] Lack of Supervision
- [ ] Abandonment
- [ ] Parents Drug / Alcohol Misuse
- [ ] Other

Prior to:  Since:

- [ ] Inappropriate Isolation / Restraint
Preventive Services History

Summary of Preventive history:

Placement History

Summary of Placement history:

Legal History

Have any of the following Petitions been filed?  
☐ Yes  ☐ No  ☐ Unable to determine

☐ FCA Article 3 (JD)

Date filed:

Was there a Fact Finding? 
☐ Yes Date:
☐ No
☐ Unable to determine

Explain Fact Finding:

Was there a Disposition? 
☐ Yes Date:
☐ No
☐ Unable to determine

Explain Disposition:

☐ FCA Article 7 (PINS)

Date filed:

Was there a Fact Finding? 
☐ Yes Date:
☐ No
☐ Unable to determine

Explain Fact Finding:

Was there a Disposition? 
☐ Yes Date:
☐ No
☐ Unable to determine

Explain Disposition:
☐ FCA Article 10 (CPS)

Date filed:

Was there a Fact Finding?

☐ Yes Date: 
☐ No 
☐ Unable to determine

Explain Fact Finding:

Was there a Disposition?

☐ Yes Date: 
☐ No 
☐ Unable to determine

Explain Disposition:


☐ SSL 358-a (Voluntary)

Date filed:

Was there a Fact Finding?

☐ Yes Date: 
☐ No 
☐ Unable to determine

Explain Fact Finding:

Was there a Disposition?

☐ Yes Date: 
☐ No 
☐ Unable to determine

Explain Disposition:
### Casework / Investigative Activities

**Did the Investigation include the following activities?**

<table>
<thead>
<tr>
<th>For SCR Reports</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
<th>Couldn't determine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleged subject(s) interviewed face-to-face?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All &quot;other persons named&quot; interviewed face-to-face?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**For ALL Fatality Investigations**

| Coordinate investigation with Law Enforcement? |     |    |     |     |    |                   |
| Contact with source?                           |     |    |     |     |    |                   |
| At least one home visit?                      |     |    |     |     |    |                   |
| All children observed?                        |     |    |     |     |    |                   |
| When appropriate, children were interviewed?  |     |    |     |     |    |                   |

**All appropriate Collaterals contacted?**

- First Responders........................................... |     |    |     |     |    |                   |
- Case Planners............................................ |     |    |     |     |    |                   |
- Agency Personnel........................................ |     |    |     |     |    |                   |
- Family Members.......................................... |     |    |     |     |    |                   |
- Public or Private Child Care........................ |     |    |     |     |    |                   |
- Caretakers / Babysitters............................ |     |    |     |     |    |                   |
- Emergency Room Personnel............................ |     |    |     |     |    |                   |
- Law Enforcement......................................... |     |    |     |     |    |                   |
- School..................................................... |     |    |     |     |    |                   |
- Daycare Provider........................................ |     |    |     |     |    |                   |
- Pediatrician............................................. |     |    |     |     |    |                   |
- Medical Examiner / Coroner.......................... |     |    |     |     |    |                   |
- Other (specify: ........................................ |     |    |     |     |    |                   |

**Timely entry of progress notes and all other required documentation?**

- Yes
- No

**If no to any of the above, explain:**

Describe how DSS responded to information about the child fatality.

### Casework / Investigative Activities Comments
Was there an adequate assessment of impending or immediate danger to any surviving children named in the report within 24 hours?

- N/A - There are no surviving children
- N/A
- Yes
- No, explain:
- Unable to Determine, explain:

Is there an approved Initial Safety Assessment for all surviving children within 24 hours?

- N/A - There are no surviving children
- N/A
- Yes
- No
- Unable to Determine

If yes, give date(s):

- Completed:
- Approved:

Was sufficient information gathered to make the decision recorded on the approved Initial Safety Assessment?

- N/A - There are no surviving children
- Yes
- No
- Unable to Determine

If No, check all that apply:

- Source of report not contacted
- No or insufficient collateral contacts made
- Child not seen or interviewed
- Subject not seen or interviewed
- Previous reports not reviewed
- Strengths in the family not identified
- Visits not made as required
- Key information not obtained, specify
- Other, specify:

Was the safety decision recorded on the approved Initial Safety Assessment appropriate?

- N/A - There are no surviving children
- Yes
- No

If no, check all that apply:

- The safety decision was #1 (No safety factors noted), when the case record documented one or more safety factors
- The safety decision was #1 (No safety factors noted), or #2 (Safety factors do not present immediate or impending danger), but the case documentation indicates a combination of safety factors were present that placed the child(ren) in immediate or impending danger of serious harm.
- Although there were no safety factors that presented an immediate or impending danger to the child(ren), caseworker recorded safety decision #3 and completed a safety plan.
- One or more safety factors were present which placed the child(ren) in impending or immediate danger of serious harm requiring removal to foster care or an alternative placement as the only controlling safety intervention possible, however, caseworker selected safety decision 1, 2, or 3.
- Other

When safety factors were present that placed the child in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?
☐ N/A - There are no surviving children
☐ Yes
☐ No
☐ N/A
☐ Unable to Determine

If no, check all that apply:
☐ Intervention or parent/caretaker actions controlled only some of the safety factors
☐ Intervention or parent/caretaker actions aimed at reducing risk of future abuse/maltreatment rather than controlling for immediate safety
☐ Interventions or parent/caretaker actions chosen did not have sufficient comments associated with them to describe how the controlling interventions will protect the child(ren).
☐ “Other” chosen as a safety factor without a description of the factor/controlling intervention
☐ Safety intervention noted but inadequate documentation to see if they were applied
☐ Other, specify:

If unable to determine, check all that apply:
☐ Documentation is unclear or insufficient
☐ Documentation mixes safety interventions and risk reduction intervention
☐ Other, specify

For any response, check all that apply:
☐ Child was assessed as having safety factors present and reader does not agree, explain
☐ Child was assessed as having no safety factors present or safety factors present that did not place the child in impending or immediate danger of serious harm, however, an intervention was put in place, and the intervention is appropriate.
☐ Child was assessed as having no safety factors present that placed the child in impending or immediate danger requiring a safety intervention and no safety intervention was put in place, reader does not agree, explain:

Were there surviving children in the household that were removed as a result of this fatality report / investigation?
☐ No other children in this household
☐ No removal regarding the surviving children
☐ Yes, Informal removal
☐ Yes, Court Ordered removal
☐ N/A - There are no surviving children

Are there any safety issues that need to be referred back to the local district?
☐ N/A - There are no surviving children
☐ Yes, explain
☐ No
Risk Assessment

1. During the course of the investigation, was sufficient information gathered to assess risk to all surviving children in the household?
   - N/A, Explain
   - N/A - There are no surviving children
   - Yes
   - No - Adequate for some but not adequate for others. Explain below:
   - No - Not adequate for any of the children. Explain below:
   - Unable to determine, explain:

2. Was the risk assessment adequate in this case?
   - N/A, Explain
   - N/A - There are no surviving children
   - Yes
   - No, explain:
   - Unable to determine, explain:

3. Did the protective factors in this case require the LDSS to file a petition in Family Court at anytime during or after the investigation? (Consider either a new Article 10 petition, or follow-up court activity on existing Article 10 petitions)
   - N/A - There are no surviving children
   - Yes, was required and filed.
   - Yes, was required and considered, but not filed, explain:
   - Yes, was required, but neither considered nor filed, explain:
   - N/A - Not needed for this case.
   - Unable to determine, explain:

4. Did the safety factors in the case require the surviving child(ren) to be removed and placed in foster care at anytime during the investigation?
   - N/A - There are no surviving children
   - Yes - All children needed to be placed in Foster Care and were placed.
   - Yes - Some children needed to be placed in Foster Care and were placed.
   - Yes - Children needed to be placed in Foster Care but were NOT.
   - No children needed to be placed in Foster Care.
   - N/A - Caretaker has refused access to the child or fled, or child's whereabouts are unknown
   - N/A - Explain
   - Unable to determine, explain:

Risk Assessment Profile (RAP)

If the RAP rating was High or Very High, were the reasons selected as to why the family is not receiving services consistent with the case circumstances?
   - N/A, Explain
   - N/A - There are no surviving children
   - N/A - Rating is NOT High or Very High
   - N/A - Rating is High or Very High, and the case was opened
   - Yes
   - No, explain:
### Legal / Court Activity

<table>
<thead>
<tr>
<th>Have any Orders of Protection been issued?</th>
<th>Prior to Fatality</th>
<th>Effective Dates:</th>
<th>Since Fatality</th>
<th>Effective Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>None</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Pending</td>
<td></td>
<td></td>
<td>Unable to determine</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have criminal charges been filed as a result of this fatality?</th>
<th>Against who?</th>
<th>Charge:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pending</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Against who?</th>
<th>Allegation:</th>
<th>Date:</th>
</tr>
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<tbody>
<tr>
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</table>

Has there been Family Court activity as a result of this fatality?
<table>
<thead>
<tr>
<th>Services in Response to the Fatality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Check all that apply:</strong></td>
</tr>
<tr>
<td>Provided after death</td>
</tr>
<tr>
<td>Bereavement counseling</td>
</tr>
<tr>
<td>Economic support</td>
</tr>
<tr>
<td>Funeral arrangements</td>
</tr>
<tr>
<td>Emergency shelter</td>
</tr>
<tr>
<td>Mental health services</td>
</tr>
<tr>
<td>Foster care</td>
</tr>
<tr>
<td>Health care</td>
</tr>
<tr>
<td>Legal services</td>
</tr>
<tr>
<td>Family planning</td>
</tr>
<tr>
<td>Other, specify: Parenting Skills Training and Housing</td>
</tr>
</tbody>
</table>

**Explain as necessary:**
### Services Provided

Specific to the deceased child that is the subject of this Individual Fatality Report, were services being provided to the following as necessary to achieve safety, permanency, and well-being?

#### Deceased Child

- **Yes**
- **No**
- **NA**
- **Unable to determine**

If No, what were the barriers to service provision? (Check all that apply)

- [ ] Waiting list for service
- [ ] Service was not available
- [ ] Service was not approved
- [ ] Parent was not cooperative
- [ ] Other, explain:

- [ ] Foster parent was not cooperative
- [ ] No referral for service made
- [ ] Service need not identified
- [ ] No barriers documented

#### Parent(s)

- **Yes**
- **No**
- **NA**
- **Unable to determine**

If No, what were the barriers to service provision? (Check all that apply)

- [ ] Waiting list for service
- [ ] Service was not available
- [ ] Service was not approved
- [ ] Parent was not cooperative
- [ ] Other, explain:

- [ ] Foster parent was not cooperative
- [ ] No referral for service made
- [ ] Service need not identified
- [ ] No barriers documented

#### Foster Parent

- **Yes**
- **No**
- **NA**
- **Unable to determine**

If No, what were the barriers to service provision? (Check all that apply)

- [ ] Waiting list for service
- [ ] Service was not available
- [ ] Service was not approved
- [ ] Parent was not cooperative
- [ ] Other, explain:

- [ ] Foster parent was not cooperative
- [ ] No referral for service made
- [ ] Service need not identified
- [ ] No barriers documented

#### Preventive Services

**Did the service provider comply with casework contacts as required by regulations pertaining to the program choice?**

- **Yes**
- **No**
- **NA**
- **Insufficient documentation - unable to determine**

**Did the service provider(s) comply with timeliness and content requirements for progress notes?**
Did the services provided meet the service needs as outlined in the case record?
- Yes
- No
- N/A
- Insufficient documentation - unable to determine

Did all service providers comply with mandated reporter requirements?
- Yes
- No
- N/A
- Insufficient documentation - unable to determine

If this case was being monitored by CPS, was there documentation that monitoring standard requirements were being met?
- Yes
- No
- N/A
- Insufficient documentation - unable to determine

Was there identification of emerging behaviors by any individual in the case composition that constituted a safety/health risk to this child or other children?
- Yes
- No
- N/A
- Insufficient documentation - unable to determine

If yes: By who?

Was the response appropriate to the circumstances?
- Yes
- No
- N/A
- Insufficient documentation - unable to determine

Were the behaviors documented?
- Yes
- No
- N/A
- Insufficient documentation - unable to determine

Foster Care

Date child was placed in care:

How did the child enter care?
- Court order
- Emergency removal without Court order
- Voluntary placement

Did the agency comply with sibling placement standards?
Was a criminal history check conducted?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to determine</th>
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</table>

Date of placement with most recent caregiver:

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<th>Date:</th>
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</table>

Did the placement residence comply with the standards applicable to that category of residential program?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to determine</th>
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</table>

Did the foster care provider comply with reporting requirements relating to the death or serious injury of a foster child?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to determine</th>
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</thead>
<tbody>
<tr>
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</table>

Did the child receive periodic medical examinations as required?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to determine</th>
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</table>

Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to determine</th>
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<tbody>
<tr>
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</table>

Did the foster care provider comply with discipline standards?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to determine</th>
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<tbody>
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</table>

Did the authorized agency comply with restraint standards?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to determine</th>
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<tbody>
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</tbody>
</table>

Where foster parents received enhanced levels of foster care payments because of child need, did foster parents satisfy training and experience?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to determine</th>
</tr>
</thead>
<tbody>
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</table>

Was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to determine</th>
</tr>
</thead>
<tbody>
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</table>

For any of the above questions that need further explanation, explain below:

Visitation

Was the visitation plan appropriate for this child?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Insufficient documentation - unable to determine</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Was the most recent required Service Plan Review (SPR) in the records reviewed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A, explain:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Was there supervision of visits as required?
Was visitation facilitated in accordance with the regulations?

- Yes
- No
- N/A
- Insufficient documentation - unable to determine
**FASP**

**Was the most recent required FASP approved?**
- N/A
- Yes, approved prior to, or on, the Plan Date
- Yes, approved after the Plan Date
- No, explain:

**If this was a Protective Program Choice (CPS), is the safety assessment in the most recent FASP consistent with the case circumstances?**
- N/A
- Yes
- No, explain:

**If this was a Protective Program Choice case, other than foster care intervention, were adequate protective safety interventions in place?**
- N/A
- Yes
- No, explain what additional safety interventions were needed:

**Was there a current Risk Assessment Profile (Protective-CPS) or Risk Assessment (Non-Protective) in the most recent FASP**
- N/A
- Yes
- No, explain:
  - If there was a risk Assessment Profile, was it consistent with the circumstances?
    - Completely
    - Partially
    - N/A

**Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?**
- N/A
- Yes
- No, what steps needed to be taken?

**Casework Contacts**

**Were face-to-face contacts with the child made with the required frequency?**
- Yes
- No
- Insufficient documentation - unable to determine

**Were face-to-face contacts with the child in the child's placement location made with the required frequency?**
- Yes
- No
- Insufficient documentation - unable to determine

**Were face-to-face contacts with the parent/relative/discharge resource made with the required frequency?**
- Yes
- No
- Insufficient documentation - unable to determine

**Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with the required frequency?**
Were all of the casework contact requirements for contacts with caretakers made, including requirements for contact at the child’s placement location?

- Yes
- No
- Insufficient documentation - unable to determine

Closing

Was the level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, commensurate with the case circumstances?

- Yes
- No

Other than electronic approvals/rejections, is there any documentation of supervisory/consultation during the investigation?

- Yes, case record has detail of the consultation.
- Yes, record notes a consultation took place, but no details noted.
- Yes, signature or initials recorded (other than on FASP)
- No

Was the decision to close the case appropriate?

- Yes
- No
- N/A - case opened or already open for service
- Unable to determine.

If no, check all that apply:

- All children are not assessed as safe.
- The risk of future abuse or maltreatment has not been sufficiently assessed/decreased.
- The family has refused services, however the district should have considered or pursued Family Court action to compel involvement as it would be in the best interest of the child(ren).

Review Findings

Was sufficient information gathered to make a determination for all allegations including those on the intake report as well as any identified in the course of the investigation?

- The CPS report had not yet been determined at the time this Fatality report was issued
- Yes, sufficient information was gathered to determine all allegations.
- No; sufficient information was gathered to determine some allegations only.

List those allegations not addressed:

- No, sufficient information was not gathered to determine any of the allegations.
- Unable to determine - insufficient documentation

Was the determination made by the district to unfound or indicate appropriate?

- Yes
- No
- Unable to determine, specify:

If no, check all that apply:

- The determination did not address some or all of the allegations of child abuse or maltreatment identified during the course of the investigation.
- The determination did not incorporate key information gathered during the investigation.
Some credible evidence was found to support the allegations contained in the report but the report was unfounded.

No credible evidence was found to support the allegations contained in the report but the report was indicated.

Does not meet the statutory criteria for child abuse and maltreatment

Other, specify:

<table>
<thead>
<tr>
<th>Was sufficient information gathered to make the decision recorded on the Safety Assessment due at the time of the determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
</tbody>
</table>

If No, check all that apply:

- Source of report not contacted
- No or insufficient collateral contacts made
- Child not seen or interviewed
- Subject not seen or interviewed
- Previous reports not reviewed
- Home visit not made
- Strengths and mitigating circumstances in the family to offset the safety threats were not identified.
- Key information not obtained, specify:

Other, specify:

<table>
<thead>
<tr>
<th>Was the safety decision recorded on the safety assessment at the time of the Investigation Determination appropriate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
</tbody>
</table>

If no, check all that apply:

- The safety decision was #1 (No safety factors noted), when the case record documented one or more safety factors.
- The safety decision was #1 (No safety factors noted), or #2 (Safety factors do not present immediate or impending danger), but the case documentation indicates a combination of safety factors were present that placed the child(ren) in immediate or impending danger of serious harm.
- Although there were no safety factors that presented an immediate or impending danger to the child(ren), caseworker recorded safety decision #3 and completed a safety plan.
- One or more safety factors were present which placed the child(ren) in impending or immediate danger of serious harm requiring removal to foster care or an alternative placement as the only controlling safety intervention possible, however, caseworker selected safety decision 1, 2, or 3.

Other, explain
Required Actions
There are no Required Actions

Recommendations
There are no Recommended Actions
Appendix C: Request for Safe Sleep Publications

New York Loves Safe Babies
Request for Publications

Helpful Tips to Keep Your Baby Safe (English on Front/Spanish on Back)*

☐ Shaken Baby Syndrome (SBS) .................................................................  
☐ Sudden Infant Death Syndrome (SIDS) ...............................................  
☐ Traumatic Brain Injury (TBI) ............................................................  
☐ Safe To Sleep ..................................................................................  
☐ Safe At Play ....................................................................................  
☐ Never Leave Children Unattended In or Around Vehicles ..............  
*Arabic, Chinese, and Russian versions are available online at: www.ocfs.state.ny.us/main/publications/

Brochure (Spanish or English)

☐ Back to Sleep (trifold) .................................................................  

New York Loves Safe Babies DVD: “Helpful Strategies for Keeping Infants and Young Children Safe (Spanish or English)

☐ A 30-minute video that illustrates the devastating consequences of SIDS, TBI, and SBS, through the personal stories of three families ..........  

Refrigerator Magnets

☐ Never, Ever Shake A Baby (on reorder) .................................  
  Tips for calming a crying baby  
☐ Tell everyone you know to Never Shake a Baby ..........  
  Picture Frame Magnet (Spanish or English)  
☐ Back to Sleep, Safe to Sleep .......................................................  
  Picture Frame Magnet (Spanish or English)  

Personalized Safety Tips and Emergency Contact Sheet for Baby Sitters (magnetic)

☐ Provides resource information with Safety Tips for ..........  
  Babies, and space for emergency telephone numbers and messages (Also available as tear-off pads, English on front, Spanish on back)

Mail Materials To:

Name: ____________________________________________________________  
Address: __________________________________________________________________________  
__________________________________________________________________________________  
Telephone: (____)________________________________________________________  

Return Completed Form To:

NYS Children and Family Trust Fund  
52 Washington Street – 331 North  
Rensselaer, NY 12144  
Attn: Judy Richards  
Phone: (518) 474-9613 or  
Attn: Cheryl Cannon  
Phone: (518) 402-6773 or  
Fax to: 518-402-6824
## Appendix D: Resources and Links

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<tr>
<th>Resource</th>
<th>Contact Information</th>
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<tr>
<td>NYS Office of Children &amp; Family Services</td>
<td><a href="http://www.ocfs.state.ny.us">www.ocfs.state.ny.us</a></td>
</tr>
<tr>
<td>NYS Department of Health</td>
<td><a href="http://www.health.state.ny.us">www.health.state.ny.us</a></td>
</tr>
<tr>
<td>National Safe Kids Campaign</td>
<td><a href="http://www.safekids.org">www.safekids.org</a></td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention</td>
<td><a href="http://www.cdc.gov">www.cdc.gov</a></td>
</tr>
<tr>
<td>Harborview Injury Prevention &amp; Research Center</td>
<td><a href="http://depts.washington.edu/hiprc">http://depts.washington.edu/hiprc</a></td>
</tr>
<tr>
<td>Red Cross</td>
<td><a href="http://www.redcross.org">www.redcross.org</a></td>
</tr>
<tr>
<td>The United States Lifesaving Association (USLA)</td>
<td><a href="http://www.usla.org">www.usla.org</a></td>
</tr>
<tr>
<td>American Academy of Pediatrics</td>
<td><a href="http://www.aap.org">www.aap.org</a></td>
</tr>
<tr>
<td>Children’s Safety Network</td>
<td><a href="http://www.childrenssafetynetwork.org/">http://www.childrenssafetynetwork.org/</a></td>
</tr>
<tr>
<td>The Think First Injury Prevention Foundation</td>
<td><a href="http://www.thinkfirst.org/home.asp">www.thinkfirst.org/home.asp</a></td>
</tr>
<tr>
<td>Harrison’s Hope (Formerly Kids ‘N Cars)</td>
<td><a href="http://www.harrisonshope.org">www.harrisonshope.org</a></td>
</tr>
<tr>
<td>American Academy of Pediatrics Healthy Child Care America: Back to Sleep Campaign</td>
<td><a href="http://www.healthycare.org/section_SIDS.cfm">http://www.healthycare.org/section_SIDS.cfm</a></td>
</tr>
<tr>
<td>National Sudden and Unexpected Infant Death / SIDS Resource Center</td>
<td><a href="http://www.sidscenter.org">www.sidscenter.org</a></td>
</tr>
<tr>
<td>National Center for the Prosecution of Child Abuse (A program of the American Prosecutors’ Research Institute APRI)</td>
<td><a href="http://www.ndaa.org/apri/programs/ncpca/ncpca_home.html">www.ndaa.org/apri/programs/ncpca/ncpca_home.html</a></td>
</tr>
<tr>
<td>National Center on Shaken Baby Syndrome (Provides technical assistance, research, expertise to investigation professionals, including scene investigation and suspected incidents, legal)</td>
<td><a href="http://www.dontshake.org">www.dontshake.org</a></td>
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</tbody>
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professionals, including visual presentation of medical evidence, and medical professionals, including recognizing abusive head trauma)

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<thead>
<tr>
<th>Resource</th>
<th>Website</th>
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<tbody>
<tr>
<td>U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention</td>
<td><a href="http://www.ojjdp.gov/">www.ojjdp.gov/</a></td>
</tr>
<tr>
<td>National Center for Missing and Exploited Children</td>
<td><a href="http://www.missingkids.com">www.missingkids.com</a></td>
</tr>
<tr>
<td>The National Council of Juvenile &amp; Family Court Judges</td>
<td><a href="http://www.ncjfcj.org">www.ncjfcj.org</a></td>
</tr>
<tr>
<td>Publication: Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases</td>
<td><a href="http://www.safeyouth.org">www.safeyouth.org</a></td>
</tr>
<tr>
<td>- The National Youth Violence Prevention Resource Center</td>
<td></td>
</tr>
<tr>
<td>Child Welfare Information Gateway (Formerly the National Clearinghouse on Child Abuse and Neglect Information)</td>
<td><a href="http://www.childwelfare.gov">www.childwelfare.gov</a></td>
</tr>
<tr>
<td>National Center for Child Death Review</td>
<td><a href="http://www.childdeathreview.org">www.childdeathreview.org</a></td>
</tr>
<tr>
<td>New York City Administration for Children’s Services</td>
<td><a href="http://www.nyc.gov/html/acs">www.nyc.gov/html/acs</a></td>
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<tr>
<td>New York State Office of Children and Family Services (Local District Offices)</td>
<td><a href="http://www.ocfs.state.ny.us/main/localdss.asp">www.ocfs.state.ny.us/main/localdss.asp</a></td>
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<tr>
<td>New York Statewide Central Register of Child Abuse and Maltreatment</td>
<td>1-800-342-3720</td>
</tr>
<tr>
<td>National Suicide Prevention Lifeline</td>
<td>1-800-SUICIDE (784-2433)</td>
</tr>
<tr>
<td>Suicide Prevention Advocacy Network</td>
<td><a href="http://www.spanusa.org">www.spanusa.org</a></td>
</tr>
<tr>
<td>New York State Office of Children and Family Services Child Abuse Prevention</td>
<td><a href="http://www.ocfs.state.ny.us/main/prevention/">www.ocfs.state.ny.us/main/prevention/</a></td>
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<tr>
<td>New York State Office of Children and Family Services Babies Sleep Safest Alone Campaign</td>
<td><a href="http://www.ocfs.state.ny.us/main/babiessleepsafer/default.htm">http://www.ocfs.state.ny.us/main/babiessleepsafer/default.htm</a></td>
</tr>
<tr>
<td>New York State Kids’ Well-Being Indicators Clearinghouse</td>
<td><a href="http://www.nyskwic.org/index.cfm">http://www.nyskwic.org/index.cfm</a></td>
</tr>
<tr>
<td>New York State Department of Health Sudden Infant Death Syndrome</td>
<td><a href="http://www.health.state.ny.us/diseases/conditions/sids/">http://www.health.state.ny.us/diseases/conditions/sids/</a></td>
</tr>
<tr>
<td>New York State Department of Health Injury Prevention</td>
<td><a href="http://www.health.state.ny.us/prevention/injury_prevention/">http://www.health.state.ny.us/prevention/injury_prevention/</a></td>
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